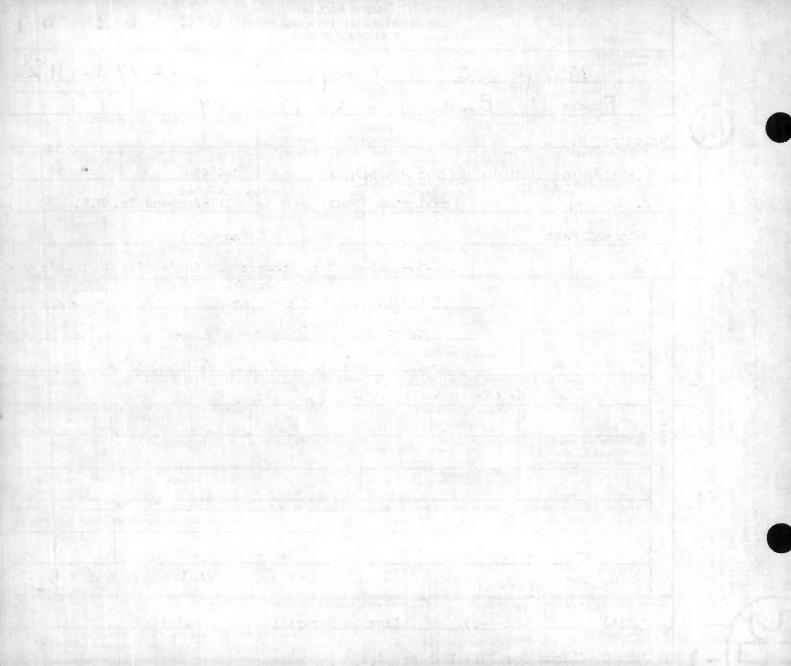
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m.e			CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY		HOUR 3
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rs offer d	40	10. C1	TY OR TOWN OF DEATH	11. NAME OF I	HOSPITAL, NUR	SING HOME ( REET ADDRESS) HOS	prother institution	12a USUAL OCCUPAT ITYPE OF WORK FOR MOST O Retired		12b. KIND OF BU INDUSTRY None	
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ires that the death certificate and busing a physical purposes remove corbanappe buriol, cremotian, or removal.			Conditions, if any, which gave rise to immediate cause (a), stofing the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSE	OUENCE OF OUENCE OF	brent Covernmenter Al	Course operior	perional	APPROXIMATE BETWEEN ONSET  Months  Logs IN PART 110	INTERVAL AND DEATH
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OR ATTENDI he hospital or DIRECTOR. A coched for use been of Heal			22a.1 certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	Doca	2 % after death.	9 52 ,0	26 19 62 nd that in (my) (our) opinion DEGREE	MEDICAL STA	FF		es stated NED
TO HOSPITAL TO FUNERAL Should be deter with the State I	I			narani	,		PHYSICIAN 220 ADDRESS 7/7 7	Director Physic		md. 2.E	
		23a. B	URIAL, CREMATION, REMOVAL			4	EMETERY OR CREMATORY	23d. LOCATION		OUNTY	STATE
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DHMH - 16 50M 4/8 (VRA 15, 4)	32		NAME		ADDRES	55	JA	IN 4 1983	John	Je lali	ugh



(VRA 15, 4)

FUNERAL HOME

TEAN FREIN

 $T(\pm L)_{\pm}$   $T(\pm L)_{\pm}$   $T(\pm L)_{\pm}$ 577-01-1762 577-01-1762 CARREN D. ADVICE MICHAEL ST. VILLEDST AVE.

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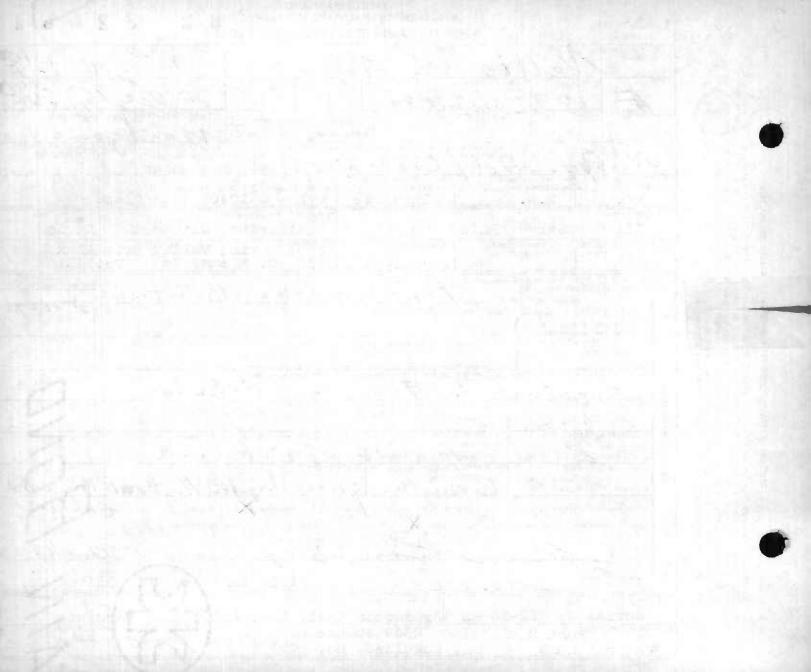
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0			STATE OF M	MARYLAND	
6	14	FOR 1 - STATE	DEPARTMENT OF HEALTH	AND MENTAL HYGIENES	2 4 6 4
ye .	4	REGISTRAR	MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH REG. NO.	
	1	I. DECEASED NAME FIRST	MIDLE	LAST ZO. DATE KNOWN	ONTH DAY YEAR 25 HOUR
	Mary Dr	(IYPE OR PRINT)	(1/ 2/2	OF ESTI-	16 10 P2 T
	名の語名類	I SEX 4 RACE S DATE OF B		IDER 1 YR. IF UNDER 24 HRS. 2c. DATE	SHIT DAY YEAR 28 HOUR
			DAY YEAR LAST BIRTHDAY) MONTH		16 168
	3. F. F. F. F.	BIRTHPLACE (STATEOR TO CITIZENCE	2 69 94 YRS.	9 BALTIMORE CITY OR C	OLINITY OF DEATH
-	HASE BOOK	FOREIGN COUNTRY)	MARRI	IED   NEVER MARRIED	OUNTI OF DEATH
•	型5m 3	Pennsylvania	0021	VED B DIVORCED A OND	gomer' MD.
	5. 五年品号		HOSPITAL, NURSING HOME, OR OTH	IER INSTITUTION 12d. USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING (IFE)	OR INDUSTRY
	NOS TON	016200- 40	14 CVOSS 14	Homemaker	
=	DESERT	USUAL RESIDENCE ( HOME OR OTHER INSTITUTE 130 STATE	ON, GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?   13e. STREET ADDRESS	
1130	るというかったり	Md. P.G.	Beltsville	YES NO 10409 45th Pl	ace
9	TON ON THE	14 FATHER'S NAME		15. MOTHER'S MAIDEN NAME	
2	H-8986	William Henry Wh	ite	Catherine Elizabeth	Davis
OR	25 25 25	160. WAS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.		
TIM	SE PAGE	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)		"6605"Spring Valley Dr	., Alex.
3	A PEAS	No		Ellis C. Adams, Son	Va.22312
3	N 8 5 0	18. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY:		· H -1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	A MANAGER	IMMEDIATE CAUSE (a)	Mucun	non12 101/2 tev	21 4/1
- 5	ZZZZEGO	DUETO	), OR AS A CONSEQUENCE OF		o and
28	三 一	Conditions, if any, which gave rise to immediate (b)_			
W.	W NAME OF STREET	cause (a) stating the under-	), OR AS A CONSEQUENCE OF		
201	ENNEN	lying couse lost.			
80	ANG ANG	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 10	DEATH BUT NOT RELATED TO THE TERMINAL DISEAS	F OR CONDITION GIVEN IN PART 1 (g)	
80	EA L	E From House	-/ 4,7.	2-1/2-61	
REC	EAN WED	190, DATE OF OPERATION 196 CO	INDITION FOR WHICH OPERATION W	(AS PERFORMED?	20 AUTOPSY?
Z Z	NO SEE SEE	None			1
5	200978		AE OF INJURY 216. HG	OW INJURY OCCURRED (ENTER NATURE OF INJURY IN STEM 18 PART	YES NO.
DIVISION OF	A THE SALE	TINIDEDIVINIO LOD	A.M. MONTH DAY YEAR	1, 7	(ORPARI2)
o o	A STORY OF	CONTRIBUTING CAUSE OF DEATH	P.M/2 4 19 A	100 Known	10 Y 10 10 10
2 2	A S O S O S O S O S O S O S O S O S O S		ACE OF INJURY (ATHOME, 211 LO	CATION STREET PLANTS OF TOWN	COUNTY STATE,
ō	A A A A A A A A A A A A A A A A A A A	WHILE AT WORK AT WORK	NSING HONE QU	cens hapel Bl Hystor	11/2/11/16/12
	THE STATE OF THE S	220. I certify that I taok charge of the remain	is described above, held an Autap		my Gineen & V 9 EV
	#QUE E				my Children as a d
-	WHEN SHE	death resulted fram: Natural causes	, Accident , Suicide		
	2000 A	ACTUAL O O		TITLE (SPECIFY)	DATEP . 11 19P1
	B世景製を思力	SIGNATURE	Mary M	D. S MEDICAL EXAMINER	signed a c /6 /7 4 /2 Md.
	BEANDS.	EXAMINERS NAME		1010 Cominant Dd	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	(TYPEOR PRINT) JOHN S.		ADDRESS 1919 Seminary Rd.,	priver ph'
1.4	EDSE49	230 BURIAL, CREMATION, REMOVAL 236 DATE (SPECIFY)	23c. NAME OF CEMETERY O	CITY OR TOWN	COUNTY STATE
1/4/10	) BP	Burial  12-20-		Natl. Cem. Arlington, V	
1100	DHMH - 17	24 FUNERAL DIRECTOR Robt E Wilh	elm 4308 Suit	land PATE RECD. BY REGISTRAR 1351 REGISTA	AR'S GNATURE
Sec.	(VR A15 ME (5))		d., Suitland, M	id. PEU A 1 BOL O	
	20M 4/82				



BALTIMORE,

W. PRESTON ST

DIVISION OF VITAL RECORDS, 201

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8			Springs	Holy C	POSS -	ospit	a1	ER INSTITUTION		MOST OF WORKE		WORK I		
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1		THER'S NAME	MI	DDLE	I A	ST ,		15. MOTHER'S	MAIDEN NAM	E Č.	DLE	0	TI LAST	
U		obert	G.	500.5500	Alexa	nder L SECURITY	NO	Joan 17. INFORMAN	¥	C.	ADDRESS	MONTH DAY YEAR 26. HOUR  12 21,9 82 M  MONTH DAY YEAR 26. HOUR  12 21,9 82 3:5 M  Y OR COUNTY OF DEATH AIV  ETY COUNTY  ITZE KIND OF BUSINESS OR INDUSTRY  L Rd. 20903  L C X Thayer		
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VAL		40	IMMEDIATE C.					ial Pne	unoniti	S				
N, OR REMOVAL		Conditio	Conditions, if only, which Chronic Obstructive Pulmonary Disease											
OR R		gove ri	se to immediate	DUE TO, OR				ve Pulmi	onary D	1 Sease				
		lying cou			AS A CONS	OUENCE O								
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	NO	The same												
7	ATI	19a DATE OF	OPERATION	196. CONDIT	TION FOR W	HICH OPERA	TION W	AS PERFORMED	?		111111111111		20. AUTOP:	Y?
	MEDICAL CERTIFICATION			TAL									YESX	NO 🗆
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1	ICAL	CONTRIBUTI	NG CAUSE OF DEA	TH P.M		19								
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	-	AT WORK	NOT WHILE AT WORK										1 11 7	
		J. Complete Complete	fy that I took charge of	the remains des	cribed obove	, held on	Autop	sy XX. Ins	pection .	Inquiry [	, ond in	ту орн	nion	
		death result	ed from: Notyral co	uses X.	Accident	, Suic	ide	, Homicide	Unde	termined mon	ner .			
		ACTUAL	AHE	DU.	MID			TITLE (SPECI	FY)			DATE		
F		SIGNATURE.	-//	200	w		M	DAssist	ant ME	DICAL EXAMIN	NER	SIGNED	12/3	21/82
7		EXAMINER'S (TYPE OR PRI	NAME H	ormez R.	. Guar	d,M.D.		ADDRESS_11	1 Penn	Street	,Balto	.,MD	2120	
7	23a.Bl	JRIAL, CREMA	TION, REMOVAL 236. D	ATE	23c NA	ME OF CEM	ETERY O	R CREMATORY	73d. L	OCATION FOR TOWN		COUNT	Y	STATE
	B	urial	Dec	. 23, 1	982 Pc	irklaw	n Ce	metery		ockvil		lont	M	d.
			TOR FRANCIS					25a. I	DATE REC'D. B	7 1982	200 REGISTR	AR'S SK	NATURE	1
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2h HOUR

20 DATE OF DEATH

6:50A. IE LINDER LYEAR

9 BALTIMORE CITY OR COUNTY OF DEATH

Montgomery 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR

U.S. Govt.

Schamps 9208 51st Ave.

College Park, Md.

Luce 6 youchestic Quartaline ATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2)

CITY OR TOWN COUNTY

and that in (my broom opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

(VRA 15, 4)

- STATE

REGISTRAR I. DECEASED NAME

4739 Balt Avend. F. Gasch's Sons, P.A.

Tolone Fork Strict A trontist Hospital Coarts Coart.

Franklin T. Allien Rebecce Schmaps occurrents.

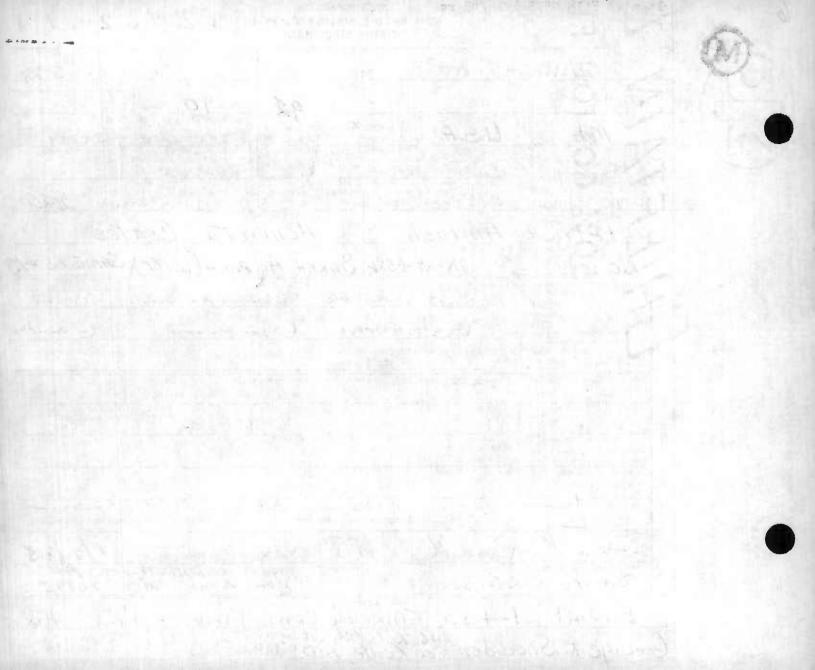
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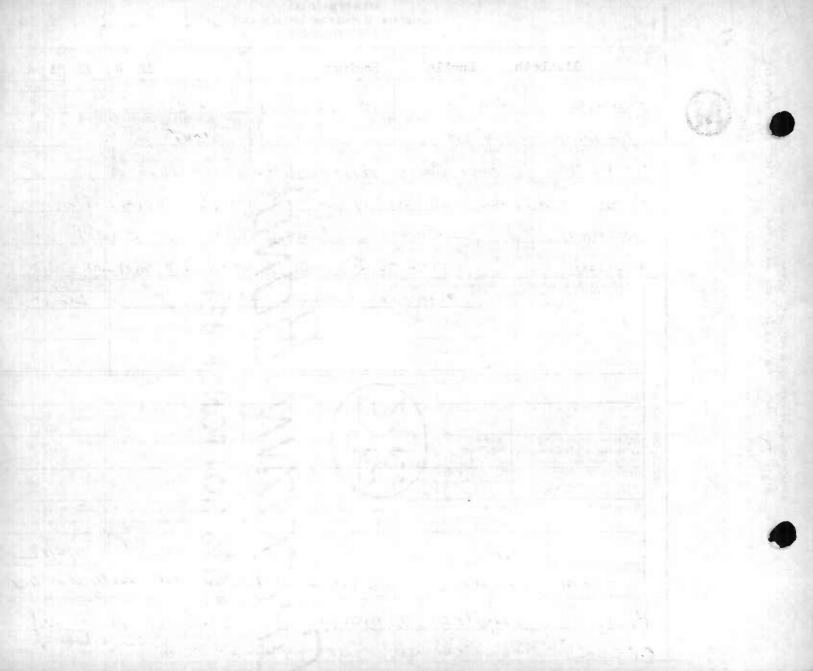
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TAN	1.0	REG. NO.	100
(12)		PE OP POINT	
	3 S	William M Ambush 12 31 82 5:25  EX TARGE STATE OF BIRTH 6. AGE (INVERSIAST BIRTHORY) THUNDER TYPER H UNDER 24H	pm
ge 4 rector.		male Black Black 190 YRS MONTH DAY 16AB 90 YRS MONTHS DAYS HOURS M	IN
h. Po	70	BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH	14
de ort	2	Ma. WIDOWED DIVORCED Montgomery County	MD.
the f	1/10	2 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS. (IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	OR
urs o	- 11S	DETTESDA Suburban Hospital Retired  JALRESIDENCE (16 NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	
ID 21	7 130	STATE 136 COUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS	6
tho 2		Maryland Montgomery Rockulle YES NO 107 North Street. 2085	_
MAR)	0	PATrick Ambush Henrietta Coates LAST	
MORE,		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  (YES, NOD PUNKNOWN) (IF YES, GIVE WAR OR DATES)	
TIMO	/ _	NO 218-24-6586 DARAH HMBUSH (WITZ) SHIME HS#	_
, BAL icate hysics paper aval. rnt, th		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	IH
Lertifice		2000 IMMEDIATE CAUSE (0) Right lower labe (NEW MONIA + DEPSI) HOURS	_
PRESTON he death contembration, or r troumation, or	F 10	Conditions, if any, which ( ) HSTOCYTIC ( Ymptom A ( month	2
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RECC law os be ee pring	A P	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?	
TAL The icion site he hasit p	E E	YES NO YES NO 210, ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 216, HOW INJURY OCCURRED (ENTER MATURE OF INJURY IN TEM IS PART 1 OR PART 21	
JOF VIII	1 O TA	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	
HYSIC Iding Instruction I Ment	MEDICA	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19  21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION	_
DIVISION OF VITAL NG PHYSICIAN: The offending physicion iffer this certificate h os the buildi-tronsir p th and Mental Hygier orked or frem 18 shap	X	WMILE NOT WHILE AT WORK AT WORK	
a o o o o		220.1 certify that (1) (this haspiral) attended the deceased from AUGUST 19 & 2 to /2-3/ 19 & 2 that (1) (most)	ost
ATTEN Spital SCTOR: d for us m 21 is	10	sow the deceased alive an 12-31 19 82, and that in (my) (ear) apinion death occurred on the date and hour and from the causes stated above, (1) (ma) (did not) view the body after death	
OR A borded Dept.		226 DEGREE 226 DATE SIGNED	
	4	Doniel Rosent MD ATTENDING MEDICAL STAFF PHYSICIAN & DIRECTOR   PHYSICIAN   1/2/83	
HOSPITAL ned by 11 FUNERAL old be det the State	/	22d PHYSICIAN'S NAME LLYPE OR PRINT	
TO HOSE refained TO FUNI should be with the IMPORTAL	1	DANIEL ROSENBLUM KENSINGTH, MD 20895	
	230	BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OR DWN COUNTY	7
BP	24 1	WINERAL DIRECTOR DC 1 246 N. WASh. ST 250 DATE REC'D. BY REGISTRAR'S SIGNATURE	2.
DHMH - 16 50M 1/81 (VRA 15, 4)	1/	selvale R. Snowden Prakulla MO JAN 51983 John & Court	

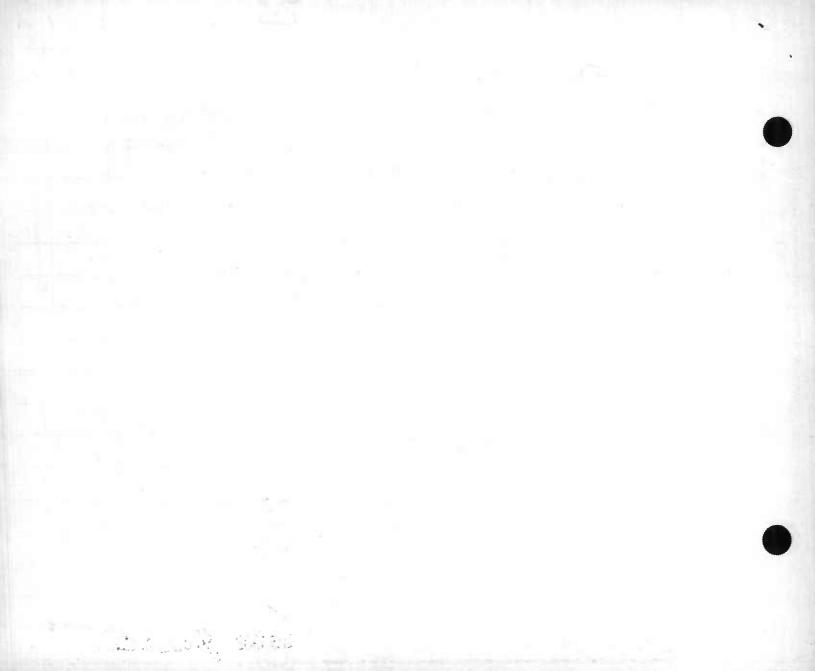


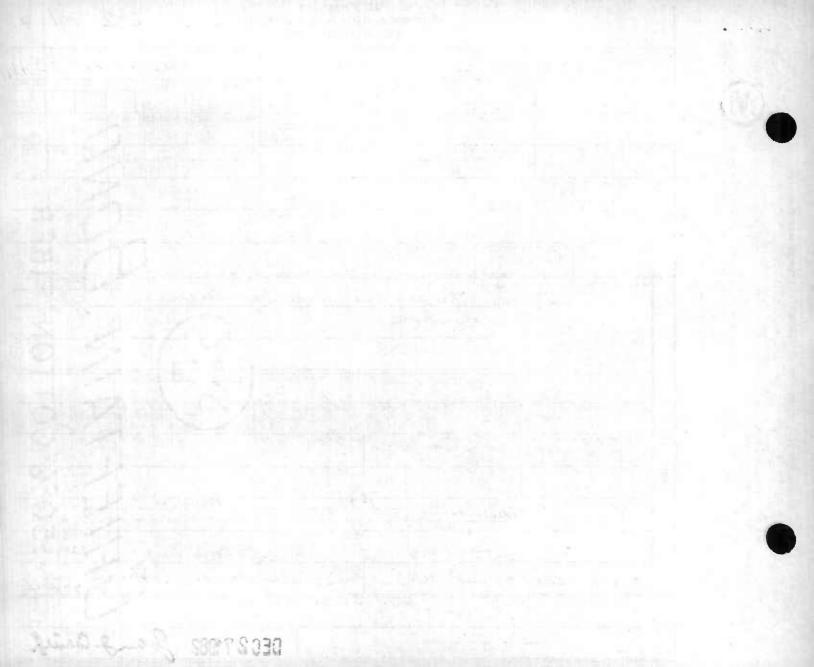
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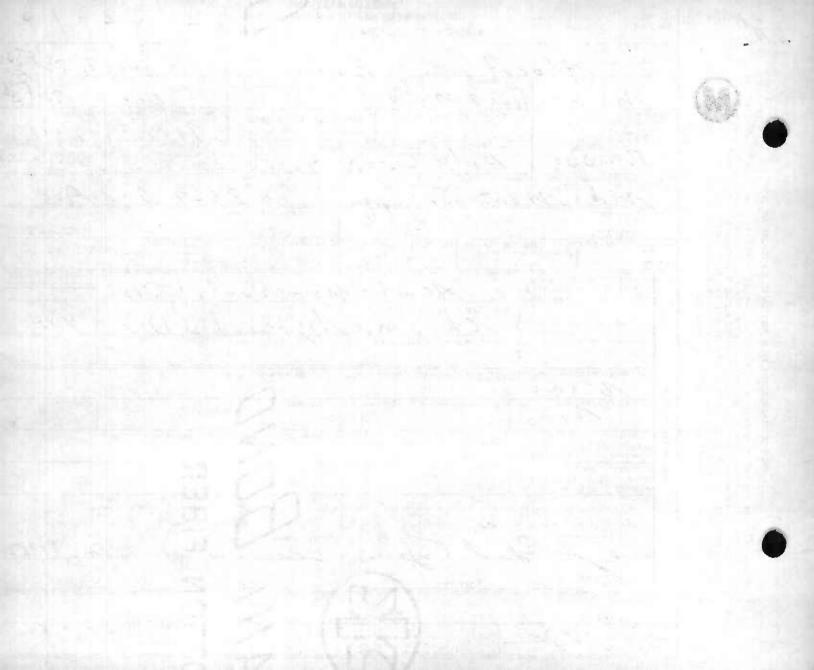
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2 / 1 =	1. DE	CEASED NAME FIRST Elizabeth	Lucile	Bachman	2e. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 4 82 1 A
ge a may	3. SE	x Female	RACE White	5. DATE OF BIRTH MONTH DAY YEAR 10 12 1894	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
<b>6</b> %	C	MAMAND	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUN	TY OF DEATH
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		Richard	SPATES	15 MOTHER'S MAIDEN I	MIDDLE	CARNIAST
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ires, that the death certificates that the other certification by the other corbang phantial, cremotion, or removing, or other traumatic every, or other traumatic every	z	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEO	hal wassive	RMINAL DISEASE OR CONDITION G	BETWEEN ONSET AND DEATH  DIE WEEN ONSET AND DEATH  DIE WEEN ONSET AND DEATH  DIE WEEN IN PART 1101
VITAL RECORDS  The low requires to the low required to the box been signed to the Hygiene prior to 18 shows ony injury	CERTIFICATION	196. DATE OF OPERATION	1%. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED (IFYING CAUSES OF DEATH? YES \( \begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
0 0 1 1 1 1 1	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF E)THER, NOTIFY MEDICAL EXAMINER)  216. INJURY OCCURRED	P.M.	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
S C S S S S S S S S S S S S S S S S S S	ME	AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		CITY OR TOWN	COUNTY STATE
OR ATTEN thospitol DIRECTOR: ched for us		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did) (did not) v 22b. SIGNATURE	19	, and that in (my) (our) opinion	on death occurred on the date and ha	pur and from the couses stated  22c. DATE SIGNED
PITAL by th by th ERAL e dete Stote		22d. PHYSICIAN'S NAME (TYPE OR PE	EKAGUL	22e. ADDRESS	DIRECTOR PHYSICIAN	174/82_ Belle da 4.0
TO HOSI retained TO FUN should be with the	23a. E			NAME OF CEMETERY OR CREMATOR	7	COUNTY MAN
DHMH-16 60M 1/73 (VR A 15 (4))		UNERAL DIRECTOR NAME  O. C. /felle	arneal M	20838 D	EC 1 0 1982	TRANGS



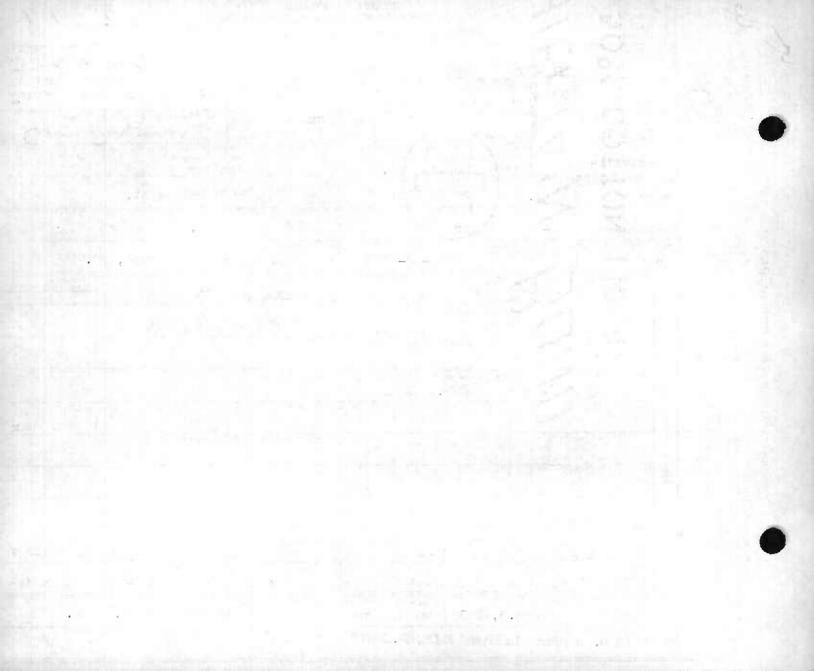




						AARYLAND	74		NO.	M 3	.49 %	
		OR TATE				AND MENTAL	0	2	5	2 4	10	
		EGISTRAR	MED		NER'S	CERTIFICATE	OF DEATH	REG	G. NO.			
T		EASED NAME FIRST OR PRINT)		MIDDLE	~	LAST	20. D	ATE KNOW	N (D) MONT	H DAY	YEAR	갱
		14/	bert	Ε.	13:	zker	DE	OF ESTI-	o De	c7,1	921	2 N
3	. SEX	4 RACE	June DAY	6. AGE (IN		DER 1 YR. IF UNDER		DATE	MONTH	DAY	YEAR	SWS
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1		THPLACE (STATE OR	75. CITIZEN OF WH	AT COUNTRY?	8. MAPP	IED X NEVER MARR	9. BA	LTIMORE C	TY OR COU	NTY OF DE	ATH	-
2		EIGH COUNTRY) Maryland	U.S.	Α.	WIDOW			Mo	nt	204	EYY	MD
ŧ	-	Y OR TOWN OF DEATH	11. NAME OF HOSE	TAL, NURSING HO		ER INSTITUTION	120. USUAL O			125 KINE	OF BUSINES	S
1		Jil. Upg.	(IF NOT IN SUCH FAC	HAY GIVE STREE ADORES!	000	2 Heco	Chemic	F WORKING LIFE	ng.	Wash	NOUSTBO &	iro
			OR OTHER INSTITUTION, GIV			1		14 200		OI :	rade	
ď	lo. ST	ATE 138 COUN	1 int	13 CITY OR TOWN	001	YES NO P	13e. STREET A	DDRESS	2n	1/	Ive.	
ł	4 FÁ	THER'S NAME	101000	1011,	7/2_	15. MOTHER'S MAID	EN NAME					
1		FIRST	MIDDLE	Baker		Myra		MIDDLE		D	ennis	
1	6a W	Edward AS DECEASED EVER IN U.S. AR	Lee MED FORCES?	16b. SOCIAL SECUR		17. INFORMANT		ADD ADD	RESS 2nd			_
	(YE	S, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	214 10	0622	Manus E			- 2nd		nue	
F	N			214-10-	9022	Mary E.	Baker	311.	Spr.,	Md .	ROXIMATE INTERV	AL
		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	D BY:	for (a) (b), and (c).)	600	11. 4 1/1	wds.	-/	17:0	BETWE	ROXIMATE INTERV EN ONSET AND D	EATH
1		429/ IMMEDIA	TE CAUSE (a)	AS A CONSEQUENC	505	1000	7701	de	015			
		Conditions, if any, which		AS A CONSEGUEINC	c Or	10000	. 1	1//	Dur	4	4 rx.	
1		gave rise to immediate couse (a) stating the under	(b) C	NAN	vje,	111700	ZVd	17	110	-		
	40	lying couse lost.	DUE TO, OR	as a consequenc	E OF							
		BLOV & ATHER CICHIFICARY CONDITIONS	(c)									_
	z	PART 2 OTHER SIGNIFICANT CONDITIONS		UT NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN P	ART 1 (a).					
ł	CERTIFICATION	190 DATE OF OPERATION		ION FOR WHICH OP	FRATIONIN	A C DEDECORATED?				Too at	ITO DE VA	
K	ICA	Non		ION FOR WHICH OF	ERATION W	AS PERFORMED!					JTOPSY?	-
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7		UNDERLYING OR CONTRIBUTING CAUSE OF		MONTH DAY YE		OW INJURY OCCURR	ED (ENIER NATUR	OF INJURY IN II	EM 18 PART LOR	PART 2)		
I	NO.	CONTRIBUTING CAUSE OF		FINJURY (ATHOME,	1211 10	CATION						
ı	MEDICAL	LA STATE CONTRACTOR		DRY, FARM, ETC.)		STREET	CITY	OR TOWN		COUNTY	S	TATE
L		AT WORK AT WORK										
1		220. I certify that I took char	ge of the remains desc	ribed abave, held an	Autop	sy . Inspection	on In	quiry .	and in my	opinion		
1		death resulted fram: Natu	ral causes	Accident	Suicide	, Hamicide .	Undetermin	ed manner	<u> </u>			
			01			TITLE (SPECIFY)					1 -	
	17.	ACTUAL SIGNATURE	2.	100	- N	D. De.c	MEDICAL	EXAMINER	DA1 SIG	NEDC C	.1196	E
7		7				,0						
4	ė.	EXAMINER'S NAME (TYPE OR PRINT) Joh	n S. Rog	ers, DMF		ADDRESS Sil	ver Sp	ring,	Mary	land		
7	230.BL	IRIAL, CREMATION, REMOVAL		23c. NAME OF C	EMETERY C	OR CREMATORY	23d LOCAT	ON	C	YINUC	STATE	
	,	remation	12/8/82	Metror	olit	an Cremai			ndria		172	
1		NEWALDIRECTOR	ADDRESS	P.O.	Box	7428 1250 DATE	REC'D-BY REG	ISTRAR 120	REGISTRAR	SIGNATU	RD	
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8	1. DE	CEASED NAME E OR PRINT)	FIRST		MIDDLE		LAS	st	2a	DATE KNOW OF ESTI DEATH MATE		30 35	2 30
RY, PLEAS DIRECTOR DUR FILE HOUR	3. SEX		HILBEI hite	S. DATERTHEAM MONTH DAY  4 - 28	COY	AGE (IN YEAR LAST BIRTHDAY	KER  IF UNDE		R 24 HRS. 2c		MONTH - 21	DAY YEA	
NECESSAR AND	V	RTHPLACE (STATE OR REIGN COUNTRY)  irginia  TY OR TOWN OF DEA		76. CITIZEN OF W			WIDOWED		CED	BALTIMORE C		is me	MD.
O Commercial	R	ockville		11. NAME OF HO	CILITY, GIVE STR	St.		INSTITUTION	Jani	LOCCUPATION STOFWORKING LIFE Ltor	Y (TYPE OF WORK	OR INDUS	STRY
P. 21201 F. AND 3 SHOULD SHOULD SHOUL	Ma	ryland	Mont.	Y	Rocky	Pille	13	d. INSIDE CITY LIMITS? YES NO	1	Monroe	e St.		
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, TITH FORM PM. 3. PAGES 1 AND 2.S IVISION OF VITAL	Ra	THER'S NAME ymond  VAS DECEASED EVER	- INTIL C A DAA	Bake	er	AL SECURITY		Amanda	DEN NAME	J. MIDDLE	Baker	LAST	
BALTIM S AFTER GIVE PA GIVE PA GIVE PA INISION	no	18 CAUSE OF DEAT	(IF YES, GIVE W	/AR OR DATES)	230-2	28-8302		Randy A.	Baker		twood,		
RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201  LD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 10  AKEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN POAS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE ITEM PROBLEM TO NOT PERMOVAL.  CREMATION, OR REMOVAL.	-	PART I DEATH W  Conditions, if c gave rise ta cause (a) stating lying cause last.  PART 2 OTHER SIGNIFICAN	AS CAUSED  IMMEDIATE  any, which immediate the under-	BY:  E CAUSE (a)  DUE TO, OF  (b)  DUE TO, OR  (c)	AS A CONS	EQUENCE OF	~ ~ ·	T CONDITION GIVEN IN P.		- bes	13	BETWEENON	ATE INTERVAL
F VITAL RECORI TE SHOULD BE EN WORD "PENDIN WE CHIEF MEDIC BE USED AS A E ENT OF HEALTH A BURIAL, CREW	CERTIFICATION	19a. DATE OF OPERA	ATION	196 CONDI			TION WAS	PERFORMED?				2D AUTOPS	
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR, PAGE PAGE H. WITH THE STATE BALTIMORE, MARYLAND, 2120		AT WORK AT W	ORK I took charge	of the remains de	Accident (		Autapsy de ,	Inspection Hamicide , TITLE (SPECIFY)	Undetern	Inquiry , nined manner	ond in my on	pinion	xi-bz Ave.
BP B	23a.B	JRIAL, CREMATION, R Burial		an.3,198		als Fa	TERY OR C		23d LOCA Etc.	ATION JOWN hison	Mont.	Md.	STATE
DHMH - 17 (VR A15 ME (5)) 15M 2/80	24 E	ANCIS H. B	ARBER	LAYTONS	VILLE,	,MD.208	79	JAI		GISTRAR 25	REGISTRAR'S	Cohier	1



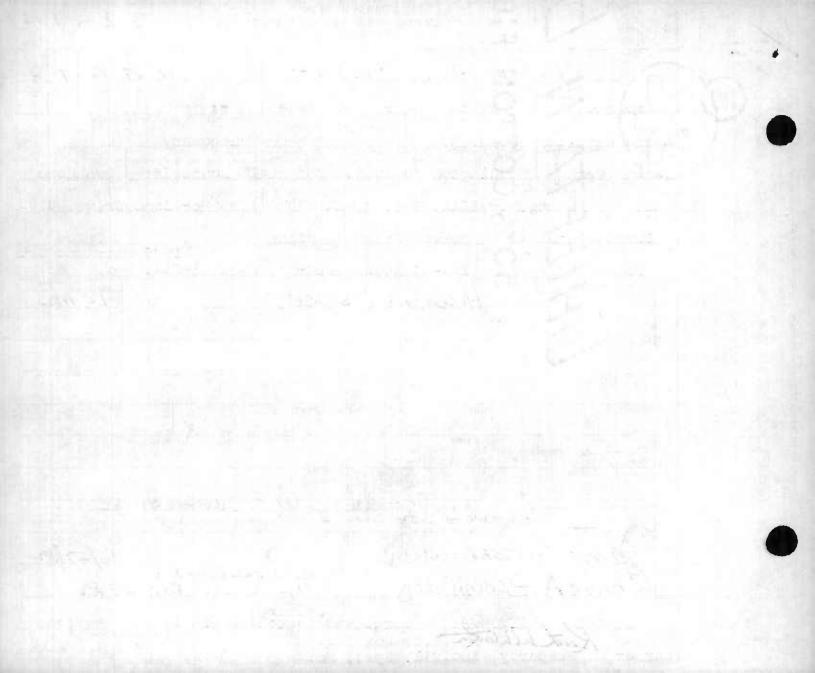
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moy fer d	3. SE		4 RACE		5. DATE OF		6 AGE (IN YEARS LAST I	BIRTHDAY)	FUNDER 1 YEAR IF	UNDER 2
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ile 1	10 C	ITY OR TOWN OF DEAT		OF HOSPITAL, NURS IN SUCH FACILITY, GIVE STREET		OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS		12b. KIND OF BI	USINES
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16/15/		FIRST	MIDDLE	LAST		FIRST	WIDDLE		LAST	
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× 10 7	1	YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)					Aberde	en, Md.	210
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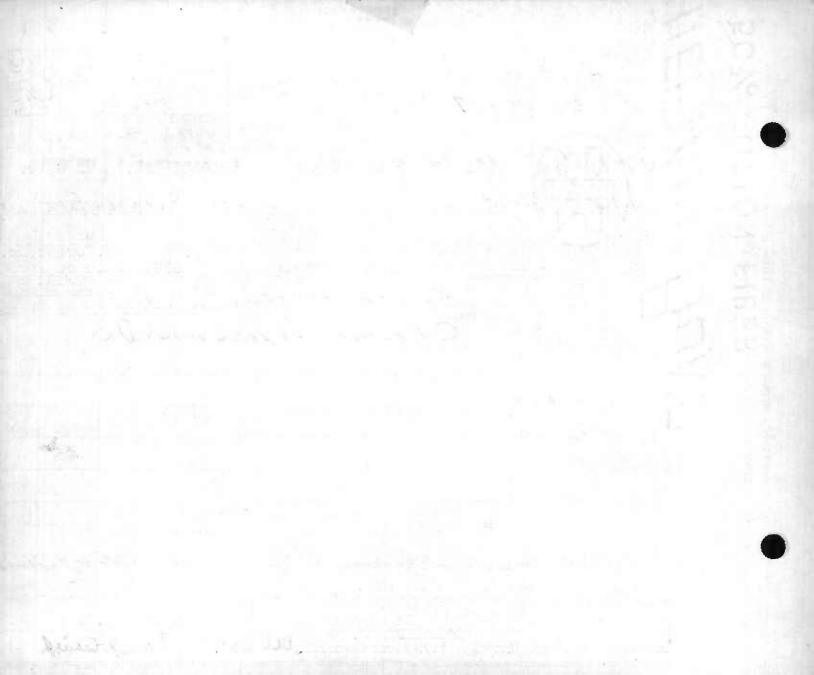
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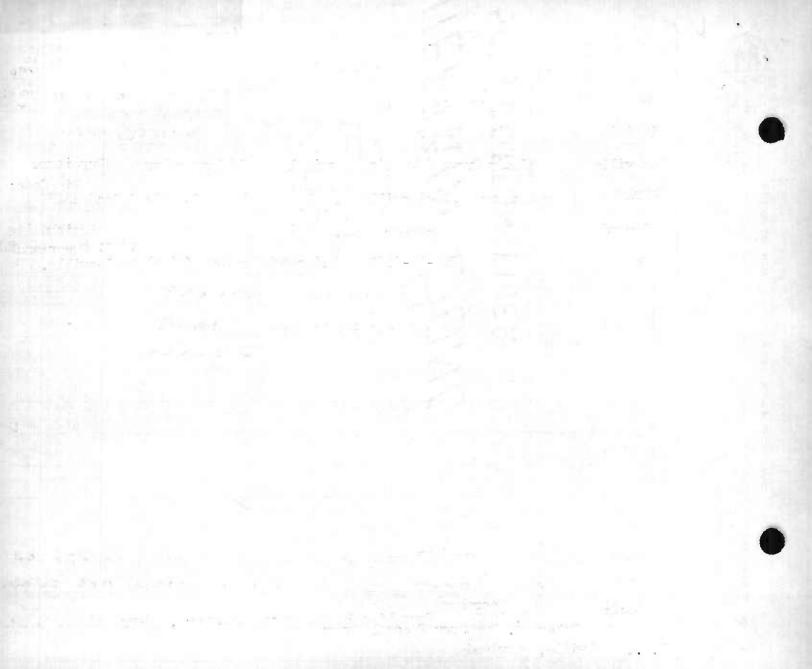
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-3 SEX AGE (IN YEARS FUNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 6 DEAD BIRTHPLACE (S FOREIGN COUNTRY) Ohio MARRIED | NEVER MARRIES X USA WIDOWED DIVORCED ID. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS Actuary (Ret.) US GOVE. USUAL RESIDENCE HE IN 13a. STATE 13d. INSIDE CITY LIMITS? 13. STREET ADDRES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST EIRST Giselle Kurte Henry Baum Silver Spring, Md. Forest. Dr. 16b SOCIAL SECURITY NO DIVISION (YES, NO, OR UNKNOWN) Jerome Podell: 13301 Sherwood No unknown 18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).) ED AS A BURIAL - TRANSIT PERMITHEALTH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL. cu Te IMMEDIATE CAUSE CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURL YES 🗌 BE DEPARTMENT 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) RWARDED TO THE PAGE 3 SHOULD HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIP PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy and in my opinion death resulted from Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) SIGNATURE JOHN S. ROGERS, M.D. WER'S NAME E OR PRINT 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Cremation Washington, 12-24-82 Lee Crematory 24 FUNERAL DIRECTOR ROCKVIIIe, Ma. 1250 Danžansky-Goldberg Chapels; 1170 Rockville Pike **DHMH-17** (VR A15 ME (5)

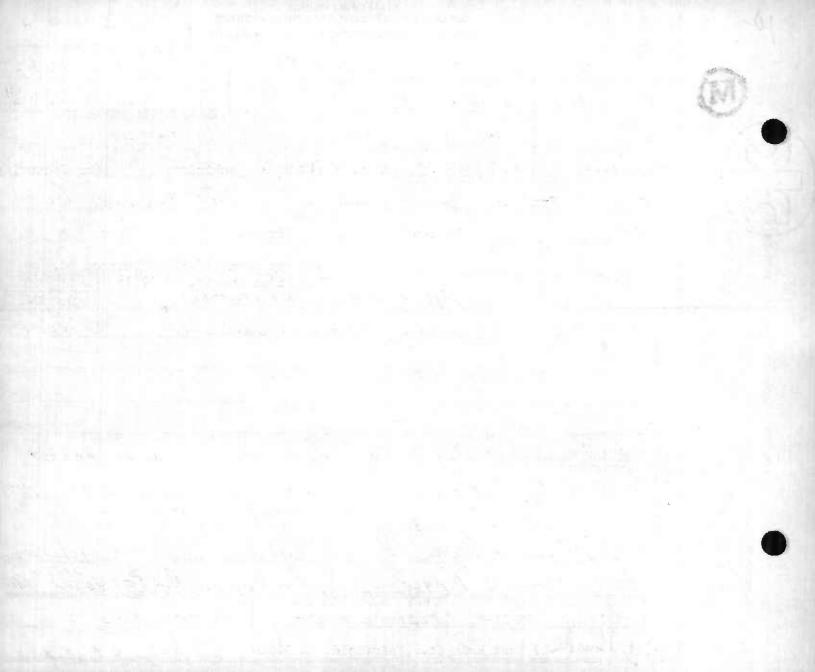
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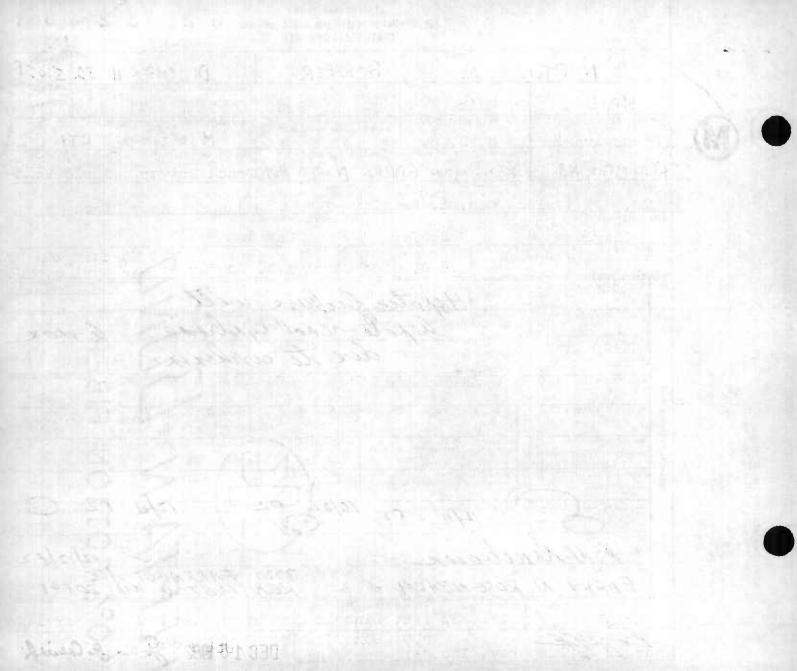


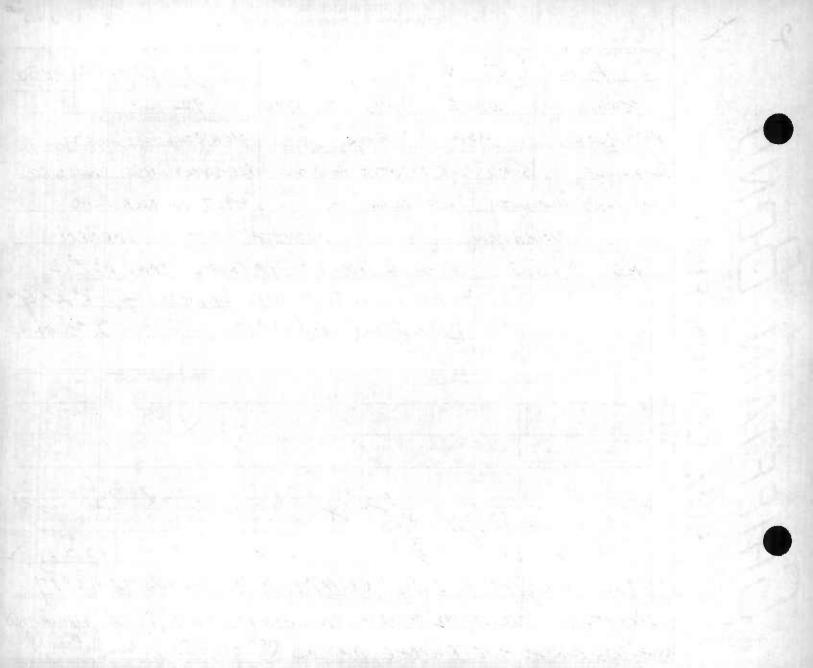
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME O DATE KNOWN TO (TYPE OR PRINT) ENCHOFF DEATH MATED 5. DATE OF BIRTH DATE PRONOUNCED 12 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA MONTGO MER DIVORCED IN CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION ROCKVILLE Machinist Manufacturing 135 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS BLUERIDGE SOWM YES OF NO [ Franklin 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST John Benchoff Virginia Izer 60. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) Margaret Benchoff, 11738 Furnace Rd. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Blue Ridge Summit, PA 17214 BETWEEN ONSET AND DEATH IN FARCTION IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which ANTERIOSCUEROSIS CORONARY gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? ARDED TO THE CASE 3 SHOULD BE UNITED BE UNITED BE UNITED BE UNITED BE UNITED BE UNITED BURNENT OF BURNET OF BUR YES NO NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR UNDERLYING CARIAC ARREST CONTRIBUTING CAUSE OF DEATH 21F LOCATION NOT WHILE AT WORK AT WORK ROUTE 270 FUNERAL DIRECTOR 220 I certify that I took charge of the remains, described above, held an death resulted fram: Homicide Suicide MEDICAL EXAMINER EXAMINER'S NAME EXECUTE PAGE AFTER BALTWA 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d TOCATION 12-31-82 St. Mary's Cemetery Fairfield, Burial Adams, PA 24 YUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** East Main St., Fairfield, PA (VR A15 ME (5) 15M2/80







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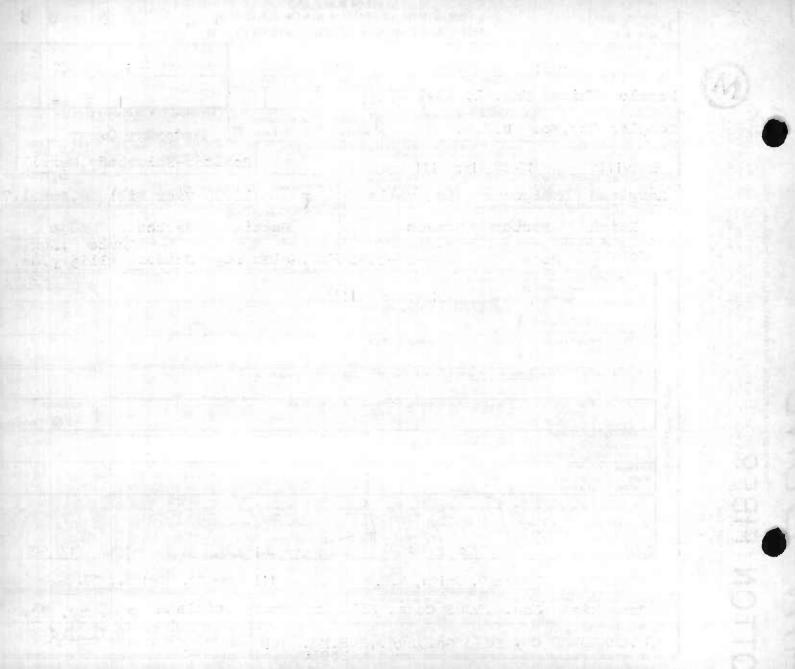
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED DATE YEAR LAST BIRTHDAY PRONOUNCED 1892 May 6, DEAD 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED United States Georgia DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 17b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE)
Manufacturer Hospital Garment 14. FATHER'S NAME Cope Rossignol George Louise 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Jones Bethesda, MD 577-36-9936 Douglas C. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY ED AS A BURIAL - TRANSIT PERMI HEALTH AND MENTAL HYGIENE, ARDIO RESPIRATO 24-48 hs IMMEDIATE CAUSE (o) DUE TO, OR ASA CONSEQUENCE Canditians, if any, which gave rise to immediate cause (a) stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) SMALL OBSTRUCTION 20 AUTOPSY? BURIAL, INTERTROCNATERIC YES [ 3 SHOULD BE DEPARTMENT HOUR AM. MONTH DAY BOR THE PLACE OF INJURY (AT HOME. 211 LOCATION NOT WHILE AT WORK AT WORK PAGE 4 SHOULD BE FORW

TO FUNERAL DIRECTOR: P.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

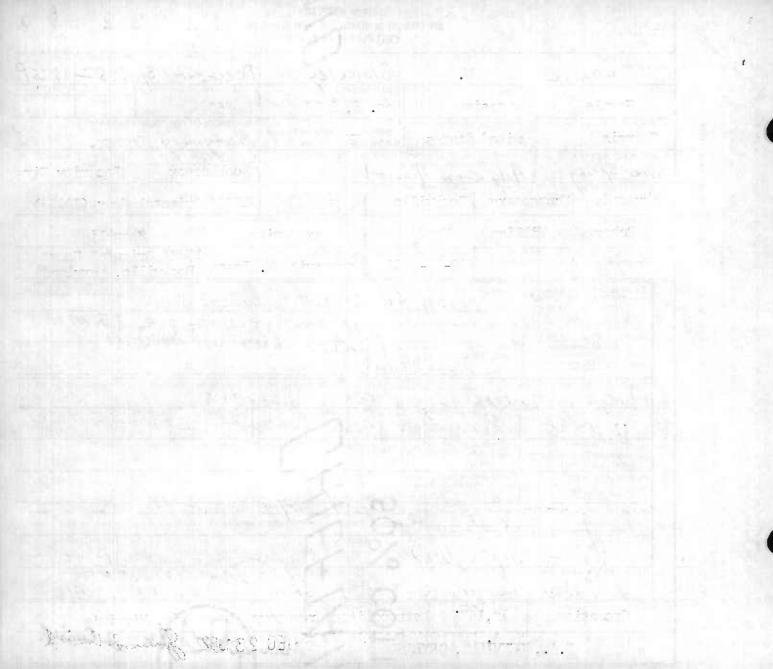
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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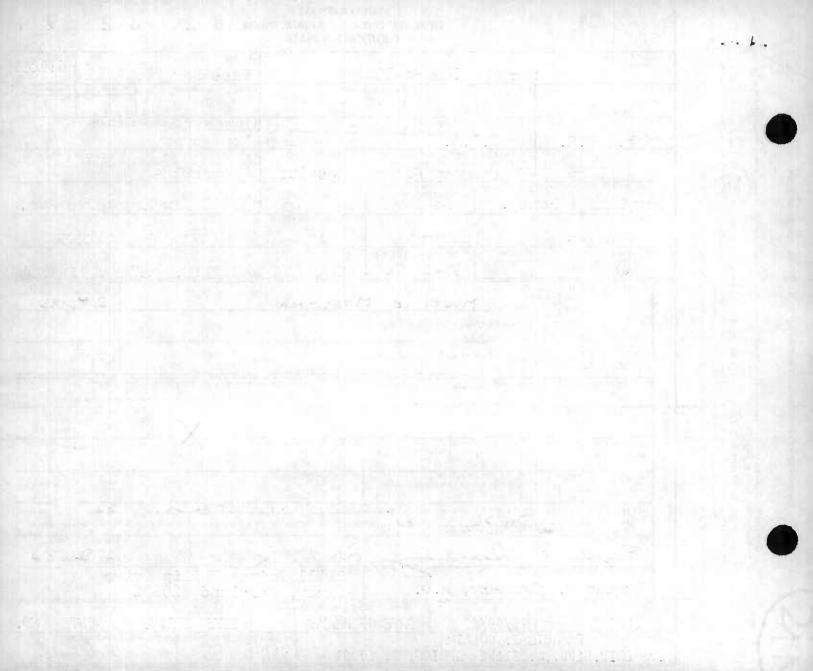
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TEET, DE CONTRACTOR DE CONTRAC	FECEASED NAME Samual	LeFevre Boyer	20. DATE KNOWN MONTH DAY YEAR 25 HOUR OF ESTI- DEATH MATED 12- 8 19 MONTH DAY YEAR 25 HOUR
3. ST	ale White	5. DATE OF BIRTH SEA GOOD STATE OF BIRTH DAY SEA CONTROL OF BIRTH DAY MONTHS DAYS HOURS TO SEA CONTROL OF BIRTHDAY MONTHS DAYS HOURS	24 HRS 26. DATE MONTH DAY YEAR 24 HOUR PRONOUNCED DEAD 19 M
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Ga	ithersburg	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Shady Grove Adventist Hosp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  Letter Carrier Postal
13a. S	STATE NA COU	eor other institution, give residence before admission) NTY 134. CITY OR TOWN derick Frederick 134. Inside (ITY LIMITS? YES \( \sigma \) NO \( \sigma \)	130. STREET ADDRESS 21701
(14.F	ATHER'S NAME Lester	Walter Boyer Rebecc	EN NAME MIDDLE LAST
2 160.	WAS DECEASED EVER IN U.S. A	rmed forces? tewar or dates) tnam 219-36-4431 Jeanette	8337 Walter Martz Rd.
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MEDICAL CERTIFICATION	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	YES NO E
MEDI	216 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	210 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)  211 LOCATION STREET	CITY OR TOWN COUNTY STATE
1		rge of the remain discreted above, held on Autopsy , Inspection ural causes , Homicide , TITLE (SPECIFY)	Undetermined monner
		23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 12/11/82 Mt. Olivet, Cemetery	23d. LOCATION CITY OR TOWN COUNTY STATE

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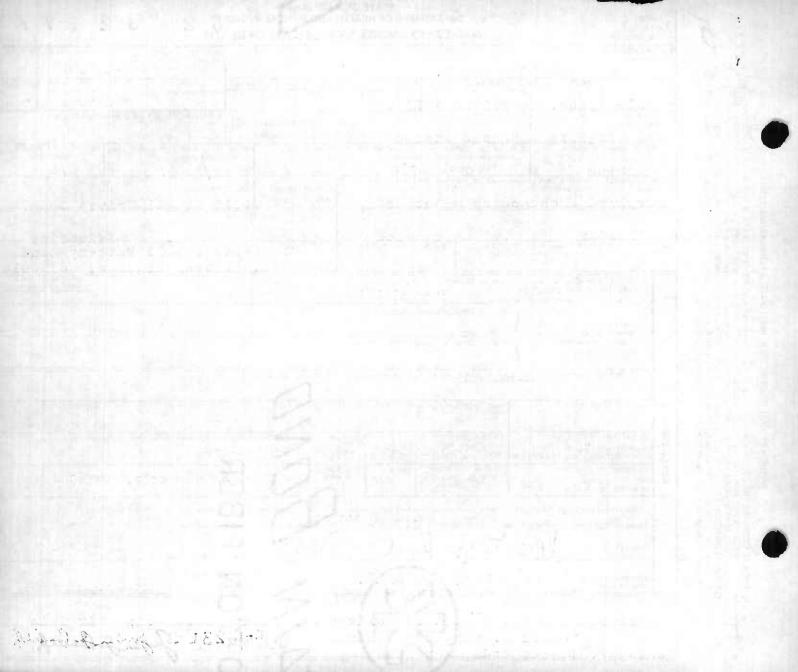
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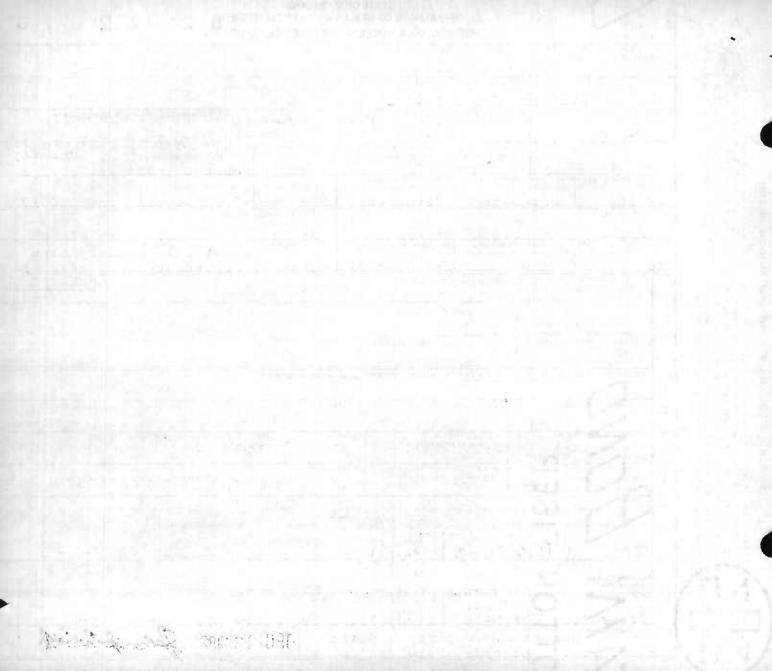
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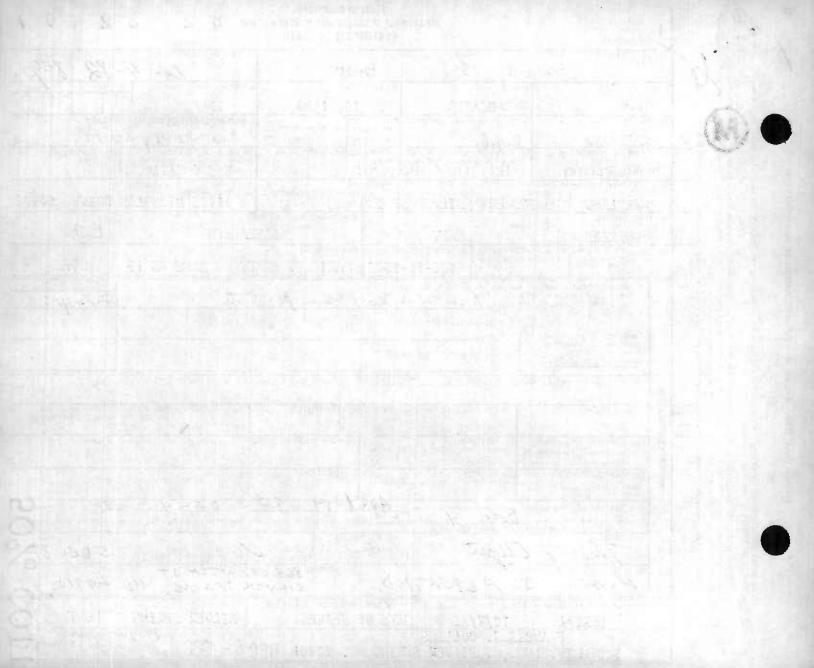
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR . DECEASED NAME 20 DATE KNOWN XX MONTH 2h HOLIR LIVE OF PRINTS DEATH MATED 12-19-829 BRANNOCK WILLIAM & AGE (IN YEARS IF UNDER 1 YR 4 RACE JE LINDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 1948 DEAD 12-19-829 BAM N Male Caucasian Jan 9 34KRS 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY! WIDOWED [ DIVORCED United States Washington D. HIEM AEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN FACE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE HIED OF HEATH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS TO WELLALL, CREMATION, OR REMOVAL. 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION RIND OF BUSINESS OFHODILSIRE A Y FOR MOST OF WORKING LIFE! 9512 Nowell Rethesda Massage Therapist 13n. STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 136 COUNTY YES T NO [ Marvland Montgomery Bethesda 9512 Nowell Drive 20817 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE LAST MIDDLE Harold Janice Wilson Brannock 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 5015 Battery Lane 166 SOCIAL SECURITY NO. . INFORMAN' mother (YES, NO, OR UNKNOWN) I HE YES GIVE WAR OR DATES! 219-46-5751 Janice C. PokrasBethesda Md 20814 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke and soot inhalation IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 21201 PRIOR TO BURIAL, EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO EN LAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURIA YES XX NO 21e EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18.20AMON112 PAY9 1872 caught in housefire 21L LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) 9512 Nowell Drive" Bethesda, Maryland home Autapsy X 22a I certify that I took charge of the remains described above, held on Inspection and in my opinion death resulted fram: A Accident Hamicide Undetermined manner Natural couses TITLE (SPECIFY) ACTUAL DATE 12-20-82 Assistant MEDICAL EXAMINER SKINATURE EXAMINER'S NAME Penn Street (TYPE OR PRINT) **ADDRESS** 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1982 BP Cremation Metropolitan Crematory Robert A. Pumphrey Funeral **DHMH - 17** (VR A15 ME (5) Bethesda, Maryland 20M 4/82



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	or, pog	3. SE	male	4. RACE CAUC	ASIAN	5. DATE O	19, 1905 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	UNDER 1 YEAR IF L	URS MIN.
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(ND 2120	filled in the found be filled	13a S		HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR	SEFORE ADMISSION) TOWN R SPRING	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS 11125 N			20902
MARYL	completely 1 ond 2 sh	14. FA	THER'S NAME CHARLES	WIDDLE	BRATT		15. MOTHER'S MAIDEN NA FIRST  ELT	IZABETH MIDDLE		LOĞĂN	-1.9
rimore,	be execut		VAS DECEASED EVER IN (ES. NO OR UNKNOWN) {	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES)		12-3300	MARIE P. BR	ATT SAME	AS 13	WIFE	
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Barber Laytonsville, Md. 20879

FOR

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

Francis H.

DHMH - 16 50M 1/BI

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

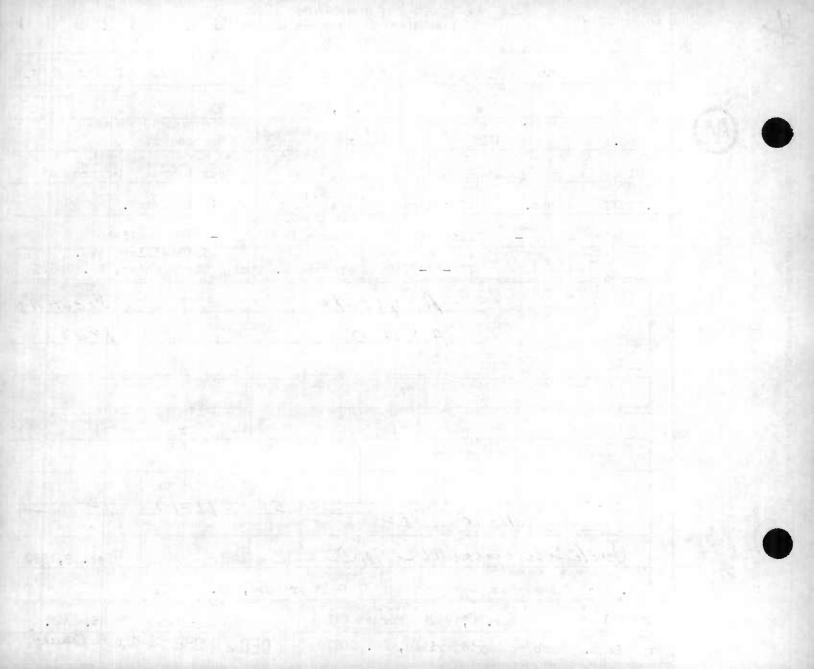
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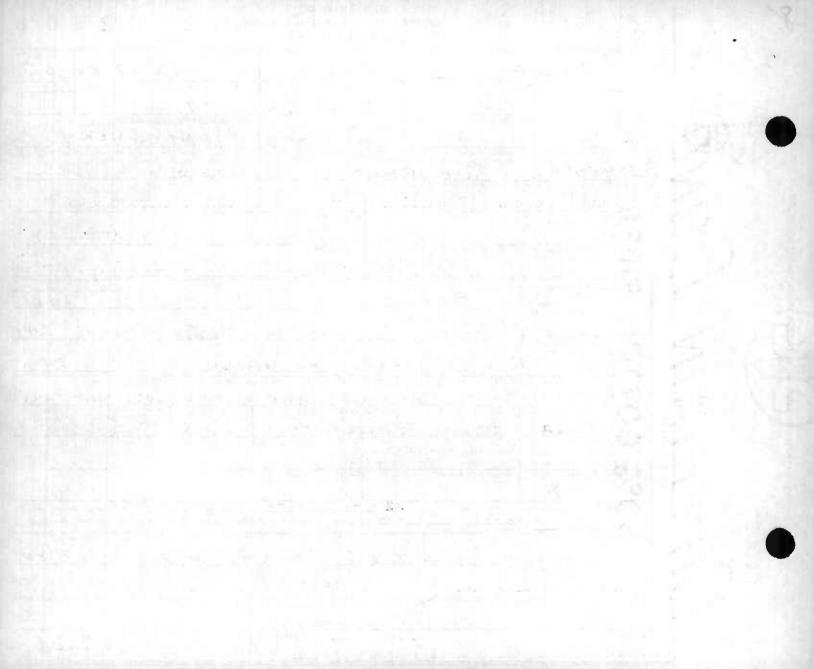
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STATE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a DATE OF DEATH E TYPE OR PRINT ELIA 82 2 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 3 SEX IF UNDER 24 HRS 92 BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE | STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY NEVER MARRIED Russia USA ONTGOMERY DIVORCED T ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Housewife Rockville 130 STATE OUNTY 6121 Montrose Road Maryland Montg. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Rebecca (unknown) Jacob Caster 65 SOCIAL SECURITY NO. ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT NO OR UNKNOWN) 182-28-8842B Isidore Brill; 6121 Montrose Rd., Rockville, APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART I. DEATH WAS CAUSED BY: 24 h EP515 IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF RIGHT COLON AND SMALL BOWEL INFARCTION 天 gove rise to immediate 言言 couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. THROM BOSIS NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. 21f LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased alive an \_ and that in (my) (and applican death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL MPORTAN 22e. ADDRESS 10401 Old Georgetown Road; Bethesda, Md. E. D. HANOWELL, M.D. 23d LOCATION 23g. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Burial 12-19-1982 Oheb Zedek Cemetery Pottsville, Pa. Rockville, Md. 250. DATE REC'D. BY REGISTRAR 216 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 Danzansky-Goldberg Chapels; 1170 Rockville Pike (VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2s DATE OF DEATH DECEASED NAME MONTH 2b. HOUR TYPE OF PRINT 6. AGE LIN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5 DATE OF BIRTH IS LINDER 24 HOS TE BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Montgomery Illinois WIDOWED DIVORCED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12s USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETYPE OF WORK FOR MOST OF WORKING LIFE! 4750 Chevy Chase Dr. Bethesda Housewife USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE H3L COUNTY 13e STREET ADDRESS 4750 Chevy Chare Drive 134 INSIDE CITY LIMITS? e The solar YES TO NO [ 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST LAST Charles P. Burton Vreeland Cora ADDRESS Me WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Charles Burton Lebannon. New Jersey 328-07-3013 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (0 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF NO ID YES F 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH OF EITHER NOTIFY MEDICAL EXAMINENT 21e PLACE OF INJURY 211 LOCATION 214 INJURY OCCURRED COUNTY CITY OF TOWN STATE PAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1 AT WORK 220.8 certify that (1) (this haspital) attended the deceased from sow the deceased olive on Cet/6 1982and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22h SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN TO FUNERA should be det with the Stat 224. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Allen J. O'Neill 8601 Old Georgetown Rd. Bethesda, Maryland 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL CREMATION, REMOVAL 23b. DATE STATE Removal Geo. Wash. Med. School Washington, D.C. 250. DATE REC'D. BY REGISTRAR 23 REGISTRAR'S GIGHT 24 FUNERAL DIRECTOR Columbia Mortuary Services, Inc. **DHMH-16 25M** 225 Missouri Ave. NW Washington, D.C. (VRA 15, 4) 1/79

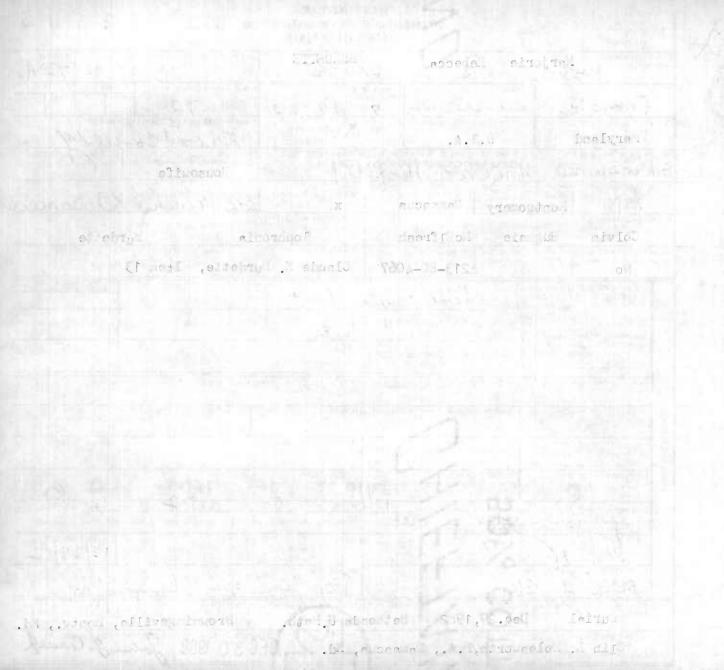
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH . DECEASED NAME (TYPE OR PRINT) ACOB 3 SEX 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY 1909 ale BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** TE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED RUSSIA WIDOWED DIVORCED [ U.S.A. 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY TOUR GUIDE SELF-EMPLOYE SING HOMEOROTHER INSTITUTION, GVERESIDENCE BEFORE ADMISSION) Prince Ged YES X FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE ALEX GREENSPAN BURAK IDA 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Chevy Chase, Md. LYES NO OR UNKNOWN HE YES GIVE WAR OR DATEST 579-14-7216 Charles Futrovsky; 8805 Montgomery Ave NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 1425 IMMEDIATE CAUSE (a) ardiogenic Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS ALCONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [ NO [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 ( IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ] NOT WHILE NOV 220.1 certify that (1) (this hospital) attended the deceased from. 18 Dec saw the deceased alive on\_ and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obave, (1) (well (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING /MEDICAL ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d PHYSICIAN'S NAME LITTE OF PRINTS ld b 8218 Wisconsin Ave Bethagla ROBERT T. KELLEY, 230 BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY BURTAL 12/20/82 EZRAS ISRAEL CEM Capitol Hgts; P.G.; Md. 24 FUNERAL DIRECTOR DANZANSKY-GOLDBERG CHAPELS DHMH - 16 50M 4/B2 1170 Rockville Pike; Rockville, Md. 20852 (VRA 15, 4)

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COLVIN Hughste McElfresh Sophronia Burdette  14 WAS DECEASE OF WER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO. 213—80—4,067 Claude E. Burdette, Item 13  15 CAUSE OF DEATH LEnter only one cover per limit for up, 15 word responsible of the cover per limit for up, which government is now, which government is now, which government is now, which governs to immediate cover list, stoling the underlying course lost. Stoling the underlying course lost of the cover stoling that underlying course lost. Stoling the underlying course lost.	should be should	13a. :	Mon Mon	YINL	13c. CITY OR TOV	VN	YES NO	2662911	deer	Rd Da	mis
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TOTAL			JNERAL DIRECTOR				25a. DAI	Browning EREC'D. BY REGISTRAR		Montg.	Vd.



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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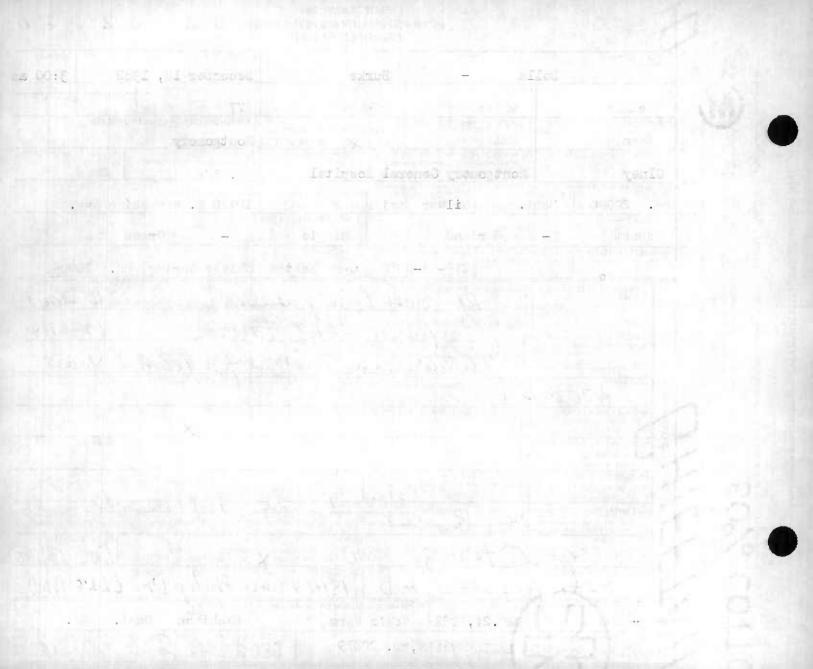
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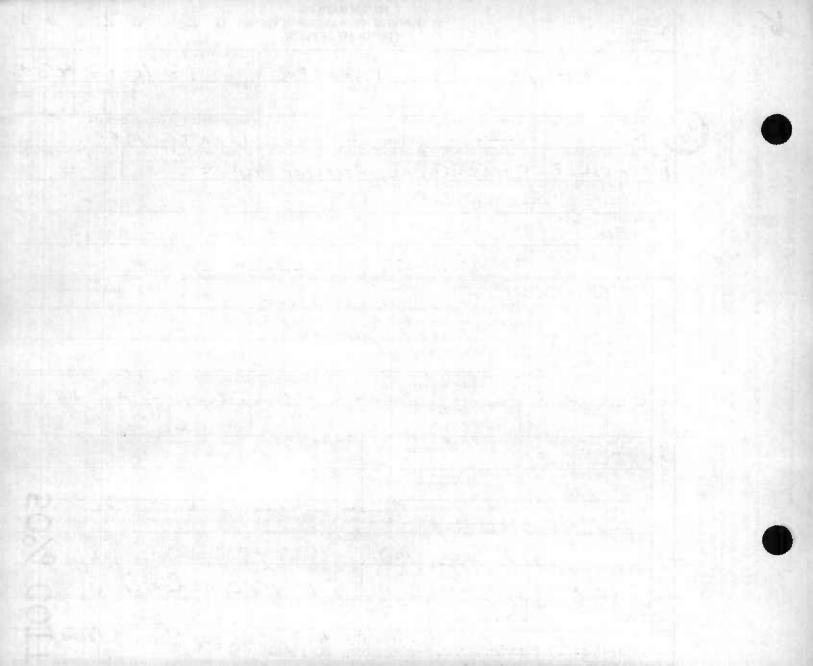
IF UNDER 24 HRS



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 in retained by the haspital or attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, should be detached for use as the burial-transit permit. Then places remove about paper. Fagur 1 and 2 should be filled within 72 hours the
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		FOR STATE REGISTRAR			CERTIF	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	RI	EG. NO.	3 2 -	5 0			
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35	Ma	RESIDENCE (IF NURSING HO TATE LYland	ome or other institution, and county Montgomery	OTHER INSTITUTION, GIVE (RESIDENCE BEFORE ADMISSION) TYGOMETY POLOMIAC		13d INSIDE CITY LIMITS? 13g STREET ADDRESS 7824 Horseshoe							
50	14. FATHER'S NAME Berrian			Bell <sup>LAST</sup>		15. MOTHER'S MAIDEN NAME  Grace FIRST (Information not available)  ASST			NST				
medical	16a W	AS DECEASED EVER IN U. NO (IF Y		81–30–03		17. INFORMANT Robert Bell,		me addr	ess				
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rked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY FACTORY, OFFICE, FAF		211. LOCATION STREET	CIT	Y OR TOWN	COUNTY				
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IMPORTANT		Tota	E. KEZ	4		9715 1	MEDICAL	CFMI	En Dr.				
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page 3		CEASED NAME OR PRINT) Sh	FIRSheba	CAPL	Caplan  Caplan  Cof Birth		7 /1/
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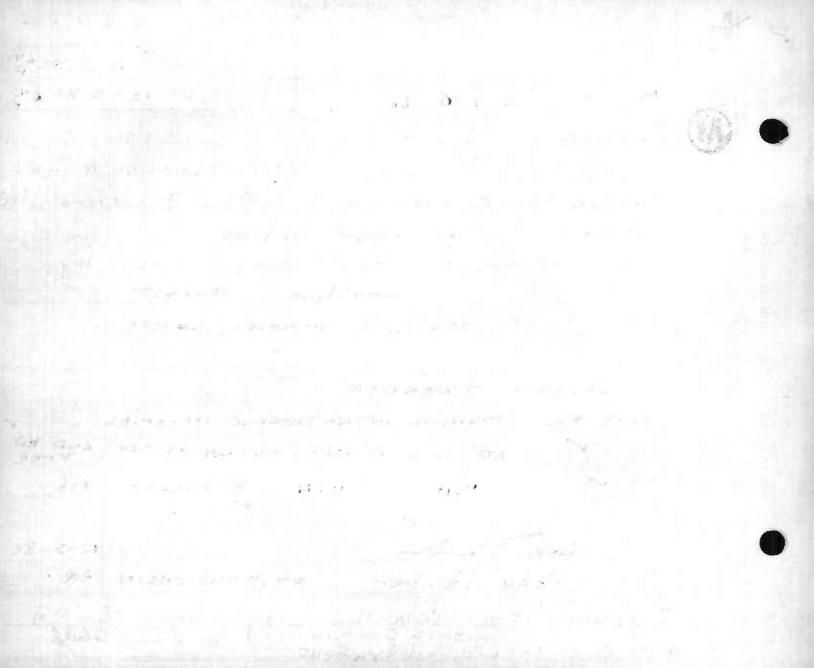
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AND 213	filled in and be f		-	AL RESIDENCE (IF NURSING HOMESTATE 13b. CC	e or other institution outgomer	134. CITY OR T	efore admission) OWN ville	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	130. STREET ADDRESS 11003 Wid	kshire	Way	20852
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, 201 W. PRESTON ST.,	equires that the death certifical in signed by the attending phy. Then please remove carbanpo to burial, cremation, ar remay	injury, or other traumatic event	NO	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last	DIATE CAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)	PR AS A CONSI	QUENCE OF	The Care	IVE INAL DISEASE OR CONI	DITION GIVEN	IN PART 100	
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	the hospital or off the hospital or off AL DIRECTOR: After eloched for use as to the Dept. of Health a	f: If Nem 21 is mai		22a.1 certify that (I) (this to sow the deceased alive above, (I) (we) (did) (did 22b. SIGNATURE	on			nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	, to			
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	ARY, PLEASE L DIRECTOR. OUR FILES. 72 HOURS IN STREET,		FAO	Annel Aure DEATH MATED 12	3 1982 PM
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ST	07084.	1	PART I DEATH WAS CAUS	SED BY: Cardiac arrest	BETWEEN ONSET AND DEATH
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201	ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELY "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO FF MEDICAL EXAMINER ALONG WITH FORM PM, 3, RETAIN P. RED AS A BURIAL. TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE HEALTH AND MENTAL HYGIENE, DIVISION OFWITAL RECORDS.  ALC REMATION, OR REMOVAL.			(a)	
	Six JSZZ		PART A DESIGN COMPLETE OUT COMPLETE		
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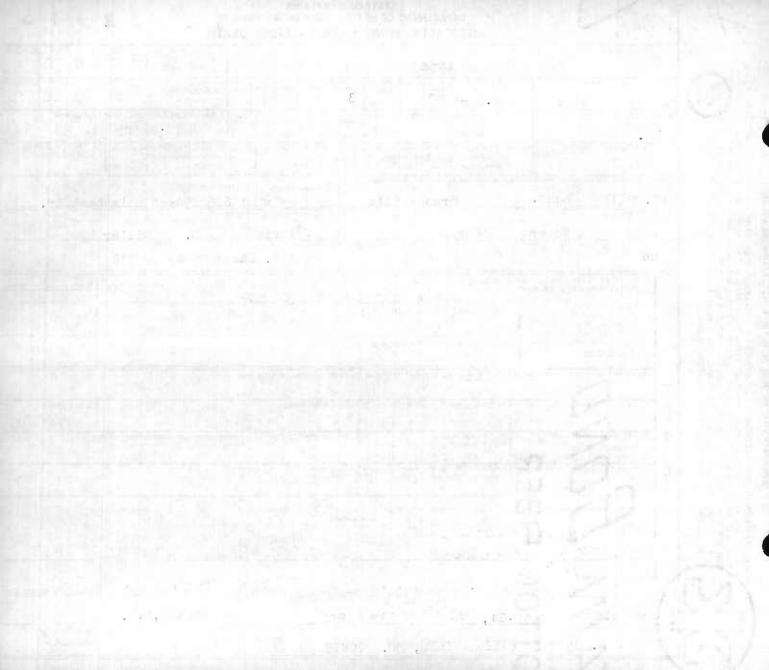
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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いるできょうと	BIRTHPLACE (STA FOREIGN COUNTRY) Md.			USA	V	VIDOWE		ER MARR	ED D	1	More cit Montg	omer	y C			\ \[\text{\rank{\lambda}}\]
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1 160	WAS DECEASED (YES NO, OR UNKNOW	EVER IN U.S. ARM			IAL SECURITY N	10.	Pau	1 R.	Chec	k S	ame a					
OF HEATTH AND MENTAL HYGINE, DIRIGH, DE REMOVAL.  IRIGATION OR REMOVAL.	gave rise couse (a) s lying cause	, if any, which to immediate tating the under-	(b)_ DUE TO	O, OR AS A CON	SEQUENCE OF											
	19a DATE OF C	PERATION	19b. Co	ONDITION FOR V	WHICH OPERAT	ION WAS	PERFOR/	MED?						20 AUT	\/	NO [
BATTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREATING		OR G CAUSE OF D COURRED NOT WHILE	HOUI EATH 21e PL	ME OF INJURY R A.M. MONTH P.M. ACE OF INJURY ET, FACTORY, FARM, ET	19 (AT HOME,	21f. LOCA STRE	ATION	OCCURRE	D (ENTER)	CITY OR T	OWN	M 18 PART	1 OR PART	2)		STATE
7	270. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N	#	Al Al	X Accident	, Suicie	le [], M.D		PECIFY) istan	Undele It MED	Inquiry ermined in	manner [	],		12/2		2
23a l	BURIAL, CREMATI	T) H	b DATE		IAME OF CEME	TERY OR	CREMATO		23d LC	CATION			COUNT		STA	TE
	Crematic FUNERAL DIRECT RANCIS H	on I	Dec. 21.	1982 ONSVILLI	Lee Cre E, MD.	nator 2087	1	250. DATE	REC'D. BY		gton,		AR'S SIC	Cohe		



DHMH-16 30M 2/80 (VRA 15.4)

24 FUNERAL DIRECTOR

Burial

Robert A. Pumphrey Funeral Homes, P. SADATE REC'D 18 PRARY Rockville, Maryland

Presbyterian Church Cem. Darnes Cown

22c DATE SIGNED

NO [

STATE

2b. HOUR

12b. KIND OF BUSINESS OR

IF UNDER 24 HRS

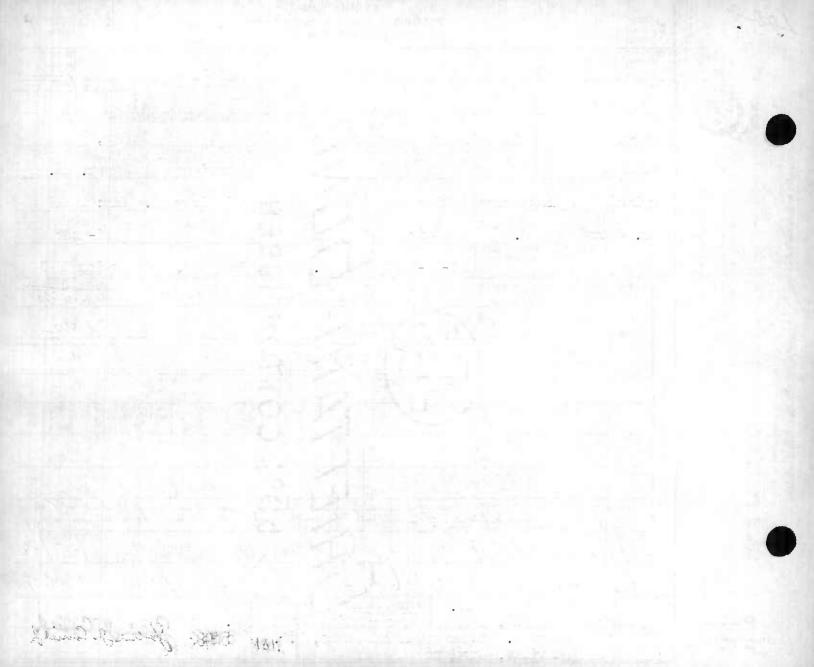
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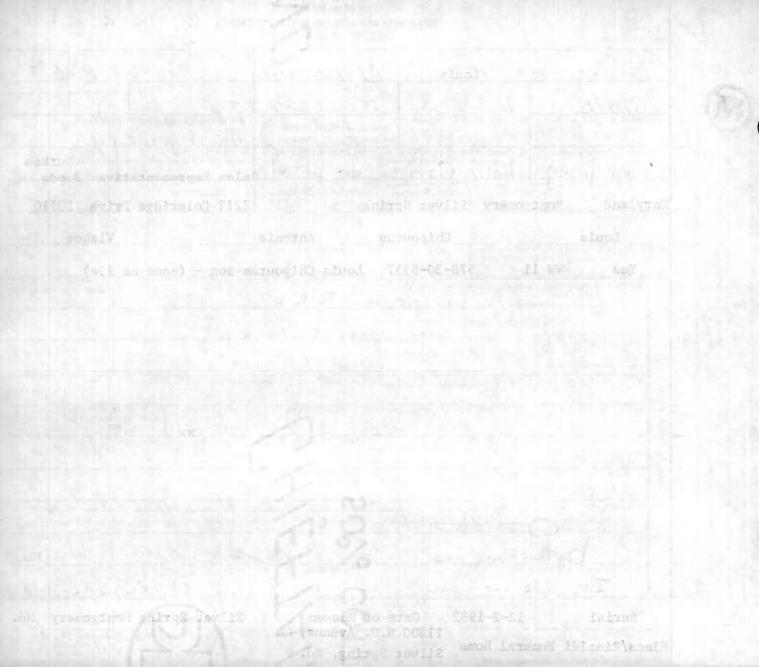
Mont. Co.

Zip: 20817

Windsor



(VRA 15, 4)



FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BUSINE MARKEDISTRA'S SIGNATURE

	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.		
ı	1. DECEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MO		26 HOUR
1	Stanwood Stanwood	d	Cobb		December 29	,1982	3:40p.
1	3. SEX	4 RACE		OF BIRTH	6. AGE   IN YEARS LAST BIRTHD		IF UNDER 24 HRS
	Male	White	Non	r. 6, 1881	101	YRS. MONTHS DAYS	HOURS MIN.
	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Mass.	76 CITIZEN OF WHAT	COUNTRY? 8  MARRI WIDOW	ED NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR C		MD.
	Chevy Chase	19 Grafto	y, GIVE STREET ADDRESS) on Street	OR OTHER INSTITUTION	120. USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WI Educator		ols
7	USUAL RESIDENCE (IF NURSING HOME OR 136. STATE 13b. COUN Mont	ITY 13c CI	TY OR TOWN  Chase	YES X NO	13. STREET ADDRESS 19 Grafton	Street	
1	PATHER'S NAME PREST Darius	MIDDLE	Cobb	15. MOTHER'S MAIDEN NA	MIDDIE	Li	llie
-	160 WAS DECEASED EVER IN U.S. AR.  1485, NO OR UNKNOWN)  118 YES, GIV	WAR OR DATES)	17-34-2475	Scott Hough	, Same addres	ss as #13.	
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING	DUE TO, OR AS A  (c) ONDITIONS CONTRIB		T NOT RELATED TO THE TERM	20a AUTOPSY? 2	ION GIVEN IN PART I	NGS USED
1	an content of Chile of the	IN .	RY ONTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	YES	NO []
	OKCONTRIBUTING CAUSE OF DEA	21e. PLACE OF INJ		211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (1) (this hospi sow the deceased alive on abave, (1) (we) (did) what we	24/1	C 1982	, 19 and that in (my) (our) opinian	death occurred on the dote	and hour and from the	that (I) ( <del>me</del> ) lost couses stated
	1226. SIGNATURE /	R. oto	wren	MO ATTENDING PHYSICIAN [	MEDICAL STAFF  X DIRECTOR   PHYSICIA		29/82
		wrenz	J	22e ADDRESS 1145 19th St	.N.W., Washin	gton,D.C.	
	230. BURIAL, CREMATION, REMOVAL	1/3/83		reek Cemetery	23d LOCATION CITY OR TOWN Washingto	on, D.C.	STATE

24 FUNERAL DIRECTOR Joseph Gawler's Sons, Inc. 5130 Wisconsin Ave., NW, Washington, D.C. 20016

DHMH - 16 50M 4/B2 (VRA 15, 4)

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IMPORTANT: If Hem 21 is marked or them 18 she

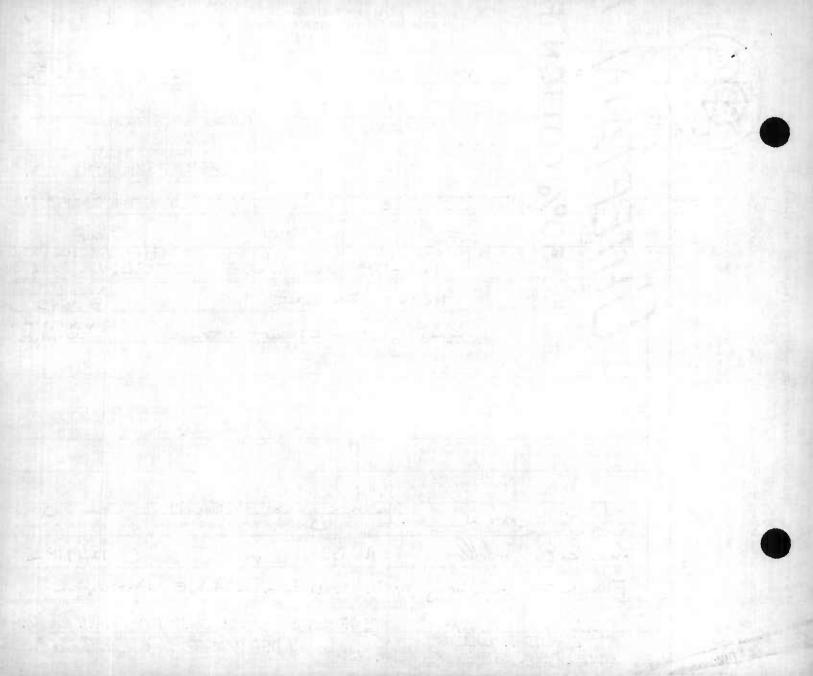
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	FOR - STATE	DEPARTMENT OF HEALT	MARYLAND H AND MENTAL HYGIENE	2 3 2	5 1 9
	REGISTRAR	MEDICAL EXAMINER'S	CERTIFICATE OF DEAT	H REG. NO.	
항 H 및 된 다	T. DECEASED NAME FIRST	el S.	(mhla	DATE KNOWN MONTH OF ESTI- DEATH MATED 12	24 32 PM
PA PECTO	SEX RACE S. DA. MON	***	UNDER 1 YR. IF UNDER 24 HRS. 2c. NTHS DAYS HOURS MIN PRO	DATE ONOUNCED 1 2 2	DAY YEAR 24 HOUR
	Wash. D.C.	TIZEN OF WHAT COUNTRY? 8. MAE	RRIED NEVER MARRIED 9.	NOW GOME	
PAGE STREET	Bethesda S	AME OF HOSPITAL, NURSING HOME, OR O	THER INSTITUTION 120 USUAL FOR MOS	OCCUPATION TYPE OF WORK IT TOF WORKING LIFEY  Carpenter	26 KIND OF BUSINESS OR INDUSTRY
ANY DI ANY DI AND 31 RETAIN HOULD PHOORD	Maryland Montgon  Maryland Montgon	13, CITY OF TOWN	13d. INSIDE CITY LIMITS?   13e. STREET	ADDRESS 5 McAuliffe Dri	ve
ESTA STAND	Joseph Edwa	ird Coble	15. MOTHER'S MAIDEN NAME Barbara	DiPiet	ro
BALTIMORE, MD. 2120 S AFIER DEATH IF ANY GIVE PAGES 1.2, AND TH FORM PM.3. RETA PAGES I AND 2 SHOUL WISION OF WILLER RECO	160. WAS DECEASED EVER IN U.S. ARMED FO (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR E	PRCES? 166. SOCIAL SECURITY NO.	Diane H. Coble s	ADDRESS	
W. PRESTON ST WITHIN 24 HOUR NULL IN ITEM 18, WINER ALONG W ITEM HYGIENE. OR REMOVAL.	Canditians, if any, which gave rise to immediate	Me Itale	INJuries	Sewner	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECORDS, 2011 OULD BE EXECUTED O'''ENDING'' IN REF MEDICAL EXA SED AS A BURIAL FAHATIH AND ME IAL, CREMATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE PART 2 OTHER SIGNIFICANT CONTRIBUTED TO THE PART 2 OTHER 2 OTHER SIGNIFICANT CONTRIBUTED TO THE PART 2 OTHER 2 OTHE	TIME TO DEATH BUT NOT RELATED TO THE TERMINAL DISE			20 AUTOPSY?
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TO MEDICAL EXAMINER: THIS CENTRICATE, WRITE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE BATTMORE, MARYLAND, 21201	AT WORK  22a   Certify that   taak charge of the deoth resulted fram: Noturol caus  ACTUAL SIGNATURE		, Hamicide . Undeterm	Inquiry , and in my opin	12-24-82
TO MEE EXECUT PAGE 4 AFTER D BALTIM	EXAMINER'S NAME (TYPE OR PRINT)  730. BURIAL, CREMATION, REMOVAL 23b. DAT (SPECIFY)	E 231. NAME OF CEMETERY		WIS CONSID	
BP	Burial 12/	28/82 Gate of Hea	ven Cemetery Si	lver Spring, Ma	ryland
DHMH - 17 {VR A15 ME (5) ) 15M 2/80	1331 Rockville Pike	er Muneral Home, Inc. Rockville, Maryland 2	20852 DEC 30	1982 Joans	2. Court

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•		CEASED NAME FIRST	MIDDLE	-05	AST	1. DATE OF DEATH	MONTH DAT		HOUR_
	3. SF	ANN	MARY	CUF	FEY	12	-//-		PM
			4 RACE		21, 1894 YEAR	6. AGE (IN YEARS LAST BIR	(HDAY)		FUNDER 24 HRS
		EMALE IRTHPLACE (STATE OR FOREIGN	CAUCASIAN  To CITIZEN OF WHAT COUNTRY?	NUV	21, 1894	9 BALTIMORE CITY O	YRS.	FDFATH	
60	М	INNESOTA	u.s.A.	WIDOW		MONTGO		PUEATH	MD.
90		CHEVY CHASE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, CHEVY CHASE N	ADDRESS)		170 USUAL OCCUPATION SECRETARY	ON F WORKING HEED NATL	RIFLE	
35	13a			ADMISSION) N SE		13e. STREET ADDRESS 2015 EAST	WEST	HIGHWAY	20910
50	14 F)	ATHER'S NAME FIRST MICHAEL	COFFEY		15. MOTHER'S MAIDEN NAM	AE MIDDLE	K	INNEYST	
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r other traumat		Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	osch	erotic heart	r d'isease		greate.	r than Years
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2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	VERE FINDING NG CAUSES OF	S USED F DEATH?
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TO DO NOT THE PROPERTY OF THE	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FA	ARM ETC )	211 LOCATION STREET	CITY OR TO	VN	COUNTY	STATE
21 is mo		sow the deceased alive an	ntol) offended the deceased from  NOV-21  19  19	Marc	id that in my (our) opinion d	, to Dec • 17 eath occurred on the do	te and hour o	s 2. tho	it (Dwe) lost uses stoted
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-1	s. sex <b>fe</b> n	ale	4 RACE	5. DATE OF BIR		6. AGE (IN YEAR LAST BIRTHDAY	MONTH		IF UNDER		DATE ONOUNC DEAD	ED	12	2/19/19	982	2d нои 7а,
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I	14. FA	THER'S NAM		MIDDLE		last			ER'S MAIDE	N NAME	MIDE			Mead		
1	16a. W (YE		DEVER IN U.S. A		16b. SO	cial security	NO.	17. INFORA	semar MANT garet		n. Sa	ADDRESS	ite			
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7		EXAMINER'S (TYPE OR PR	NAME JO	7~	Tou	ber		ADDRESS_	871	8	درس	ده م			NA	
	(5	Buris	TION, REMOVAL	236. DATE 12/21/19 oh Gawler	82 0	NAME OF CEM		ren Ce	meter	23d LOCA	lver	Sprin	co	unty In ryl	st/	ATE
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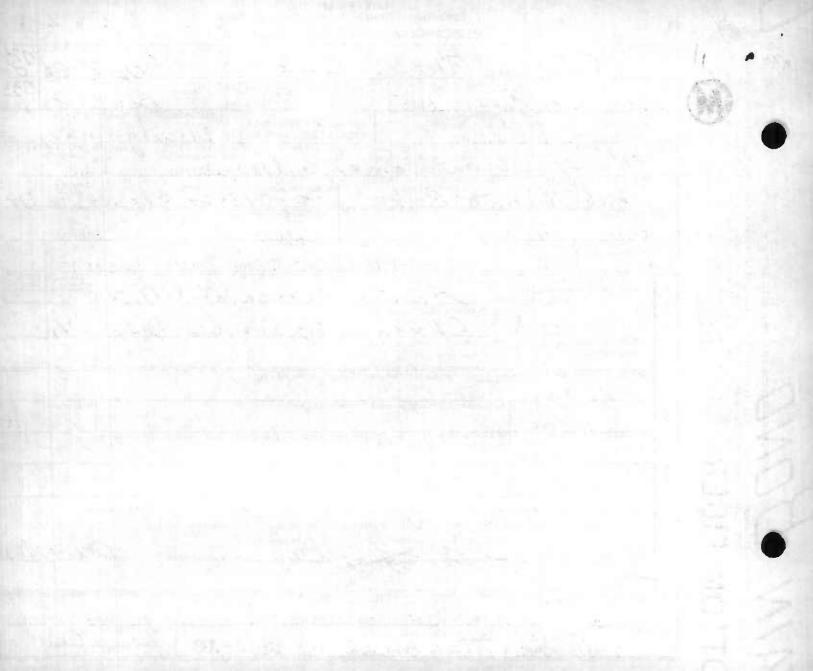
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1-	STATE REGISTRAR			ERTIFICATE OF	DEATH REG. NO		3
		stopher KEVIN	Co	ok	20. DATE KNOWNXX OF ESTI- DEATH MATED	1 1 2 8 19 82	HOU
	Male White	7-24-1955	27 YRS. MONTH	DER TYR. IF UNDER 24	PRONOUNCED DEAD	12 8 1982	3:02 a. A
25	PRTHPLACE (STATE OR EOREIGN COUNTRY) Penna.	76. CITIZEN OF WHAT COUNTRY	WIDOWI		□ Montgomer	y County.	IM
S F	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Shady Grove H	ospital	R INSTITUTION 12	Student (TYPE	OF WORK 126 KIND OF BUSIN OR INDUSTRY	IESS
13a M	d.21776 Fre	or other institution give residence before NTY 136. CITY OR NEW W.	indsor	13d. INSIDE (ITY LIMITS? 13	15132 New W	Vindsor Rd.	
P	Teslie	R. Cook		15 MOTHER'S MAIDEN I Jean		Deuschle	
2 160	WAS DECEASED EVER IN U.S. AI (YES, NO, OR UNKNOWN) (IF YES, GIV		SECURITY NO. 66-3186	Brenda K	. Cook, Same	eAs #13	
7	Conditions, if any, whice gove rise to immediate couse (a) stating the underlying couse lost.	ATE CAUSE (a) DOC  DUE TO, OR AS A CONSEC	DUENCE OF	OS CONDITION CIVEN IN SART 1			
O BURIAL, CREMA		196. CONDITION FOR WHI			•	20 AUTOPSY?	NO 🗆
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5	22a. I certify that I took cha death resulted from: Not ACTUAL SIGNATURE  EXAMINER'S NAME [TYPE OR PRINT]	road rge of the remains described above, to ural course Accident X  Dennis F. Smyth,	Rt. neld an Autops , Suicide L, M.D.	270 north ( XX Inspection   Hamicide   TITLE (SPECIFY) D. Assistant	of Rt. 124, Gai  Inquiry		+-
	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial  FUNERAL DIRECTOR	12-11-1982 23c. NAM	Mt. Oliv		23d LOCATION CHYORTOWN Frederick,	COUNTY Md.	13
		rier, Jr., Sykes	ville,Md	DEC.	1 3 1982 Pages	I Court	

. W. alliet and . The animal called

//		STATE OF MARYLAND	
1	FOR f	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3	5 2 4
7	REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
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1000	YPE OR PRINT)	of ESTI-	> 10 Co 12
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	MONTH	DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	1 /125
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86910	1)/2 e/4 (FN)	IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)	OR INDUSTRY
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O NOISINI Y	WAS DECEASED EVER IN U.S. ARMED FORC	ES! 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	melfild LVL
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E, D	18 CAUSE OF DEATH (Enter only one cous PART I DEATH WAS CAUSED BY:	e per line for (a), (b), and (c).)	BETWEEN ONSET AND DEATH
AL.	4291 IMMEDIATE CAUSE	o) beute Myo cardial ///si	
HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.  MEDICAL CERTIFICATION	( DU	E TO, OR AS A CONSEQUENCE OF	
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ž č		E TO, OR AS A CONSEQUENCE OF	
ξż	lying couse lost.		
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AE DE			DUNTY
212	AT WORK AT WORK		
Θ,	22a I certify that I took charge of the re-	mains described above, held an Autopsy 🔲. Inspection 🔀 Inquiry 🔲. ond in my o	pinion
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NO NO	MAMINER'S NAME		
E -	(TYPE OR PRINT)	ADDRESS	
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	Runial Dec 7	1982 Cheltenham Veterans Cem Cheltenham Pr. Ge	
	FUNERAL DIRECTOR Francis J.		
1 - 17			La Cohel
5 ME (5))	AA Unisionsitu Rlud W	Silver Spring Md A DEU	

20M 4/82



24. FUNERAL DIRECTOR Joseph Gawler's Sons Inc.

5130 Wisc. Ave. N.W. ashanges D.C.

MIDDLE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

MONTH

2,1982

IF UNDER I YEAR

INDUSTRY

Home

Smith

YES [

COUNTY

224 DATE SIGNED

IF UNDER 24 HRS

17h, KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

16 min

26 DATE OF DEATH

BP DHMH - 16 50M 4/B2 (VRA 15, 4)

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NE POST		220. I certify that I took char	ge of the remains des	cribed above, held an	Autopsy	Inspection 🔣 ,	Inquiry . ond in	n my opinion
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	1	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)  STREET  STREET	His Jan Maria	only STATE		
DI THIS ATE, WPI ORWARI R: PAGE EE STATE	1	22a I certify that I taok charge of the	emains described above, held on Autapsy , Inspec	tian . Inquiry . and in my ap	0		
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23a BURIAL, CREMATION, TOWNS VAL Burial

73k DATE

231 NAME OF CEMETERY OR CREMATORY Maple Grove Cometery

23d. LOCATION CITY OF TOWN

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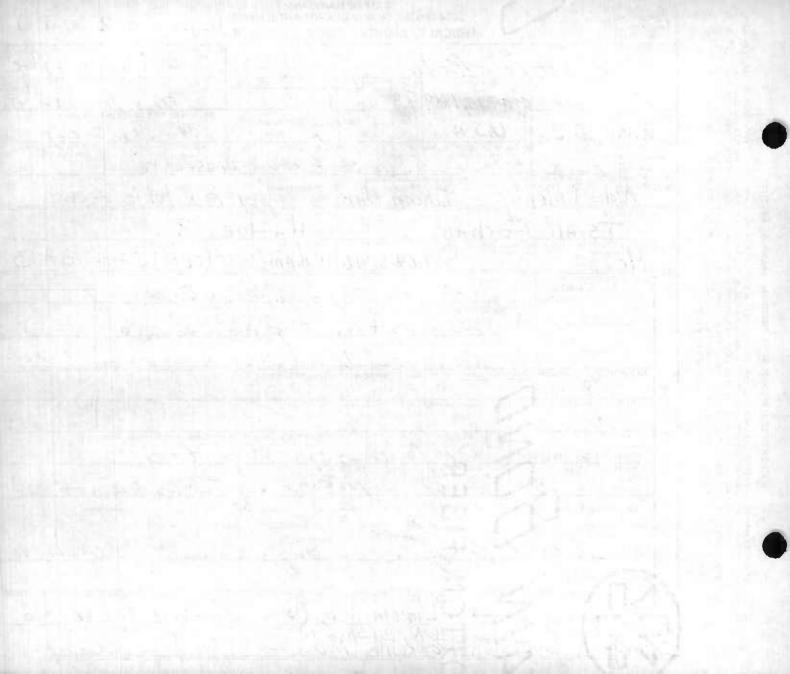
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24 FUNERAL DIRECTOR Funeral Home-4001 Benning Road, NEA Stewart

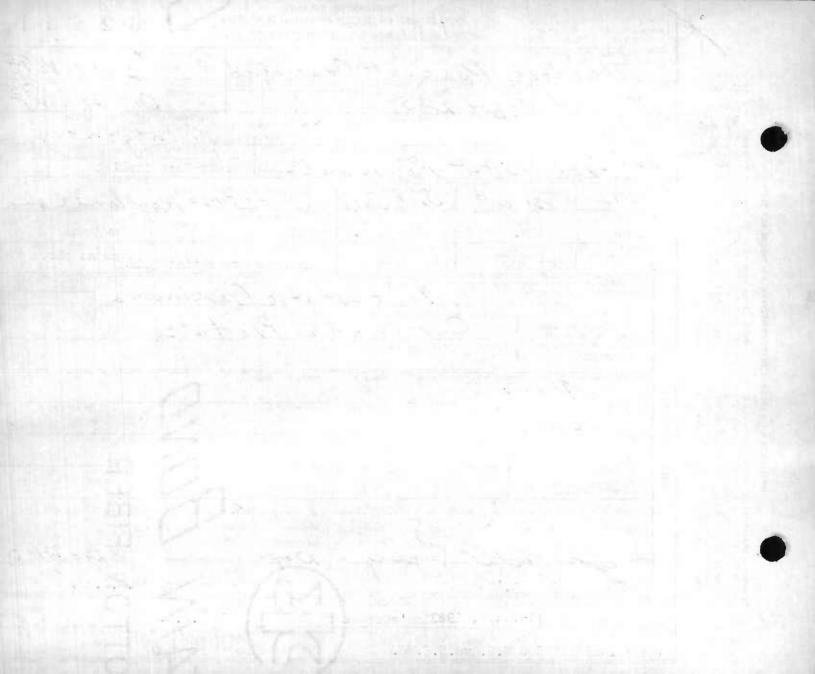
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4_		FOR STATE	DEPARTMENT	OF HEALTH AND MENTAL	HYGIENE	3 2 5 3 0
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AL OUI	2	A (1 -	198 CONDITION FOR WHICH C	PERATION WAS PERFORMED!		20 AUTOPSY?
SHOU SHOU CORE CHIEF SHOUSE IN SHOULE IN S	Ē	21a EXTERNAL CAUSE WAS	216. TIME OF INJURY	Lat. World have been a constant		YES NO-ED
DIVISION OF SCRIFFICATE RITING THE WROED TO THE EAS SHOWLD FE DEPARTMENT OF PRICE DEPARTMENT OF THE PRICE TO FRICE TO FR		UNDERLYING OR	HOUR AM MONTH DAY	YEAR	ED LENTER NATURE OF INJURY IN ITEM	8 PART 1 OR PART 2)
NO THE CONTRACTOR	CA	CONTRIBUTING CAUSE OF DEA		DEL ADOLY 2	tad tow	<u> </u>
MISS 33 S	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE	THE PLACE OF INJURY (AT HON STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY A STATE
HIS ARE		AT WORK AT WORK	Hone	Ki tohie x	IVe lat Par	k Monto me
DO 2	*	22a, I certify that I taak charge af	the remains described above, held	an Autapsy , Inspecti	an languiry .	and in my apinian
NO TOTAL	1	death resulted fram: Natural co		Suicide , Hamicide	Undetermined manner	
S B B B B B B B B B B B B B B B B B B B		100	0	TITLE (SPECIFY)		
DO DO TH		ACPUAL SIGNATURE	41/Gm.	wa Ben	ALEDICAL EVALUATED	DATE POCULIAND
SEA SHIP		Sionalina	N		MEDICAL EXAMINER	SIGNED
THE CANADA		EXAMINER'S NAME		ADDRESS		
EXEC PAGE BALL	73a B	JRIAL, CREMATION, REMOVAL 236 D	DATE TO NAME OF	CEMETERY OR CREMATORY	123d AOCATION ,	Λ
	(1	Bupial in	1-16-82 1 1000	la Mem Com	23d LOCATION ITY DR TOWN	Tr. Geo Md.
BP	2/ A	JNERAL DIRECTOR	All Al	ILAGE ST 250. DATE	REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE
DHMH - 17	1/-	NAME HOOR SON	ADDRESS 250 N.		C 1 7 1982 Jaa	00
(VR A15 ME (5)) 20M 4/82		EDIGE V. SUG	MAGE KOLKI	TIE TOLD .	I I WOL John	mg- shell



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN MONTH TYPE OR PRINT OF ESTI-6. AGE (IN YEARS DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED DEAD d. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY MARRIED NEVER MARRIED Virginia USA WIDOWED DIVORCED 120. USUAL OCCUPATION (TYPE WORK Barber-Hair Stylist 13d. INSIDE CITY LIMITS? 13g. STREET ADDRESS YES [ NO P 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Crutchfield.Sr. Daisy R. Theodore Lawrence 166 SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Marjorie Crutchfield(Wife) as above LIF YES, GIVE WAR OR DATES 218 20 0085 Yes WWII CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c). APPROXIMATE INTERVAL DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.. PART I DEATH WAS CAUSED BY JAMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? AL, NO P DED TO THE CHEST SHOULD BE U 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2 10 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME, 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. ) STREET STATE CITY OR TOWN COUNTY TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 27 220 I certify that I took charge of the remains described above, held on Inquiry and in my opinion Natural causes Undetermined manner death resulted from: Accident TITLE (SPECIFY) **EXAMINER'S NAME** 1919 Seminary Rd.S.S.Md. John S. Rogers (TYPE OR PRINT) ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY Dec. 30, 1982Lee'sCrematory Wash.D.C. Cremation 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SICHATUPLA 24 FUNERAL DIRECTOR **DHMH - 17** Hines/Rinaldi 11800 N.H.Ave.S.S.Md. (VR A15 ME (5)

20M 4/82



- STATE

DAMH - 16 50M 1/81

(VRA 15. 4)

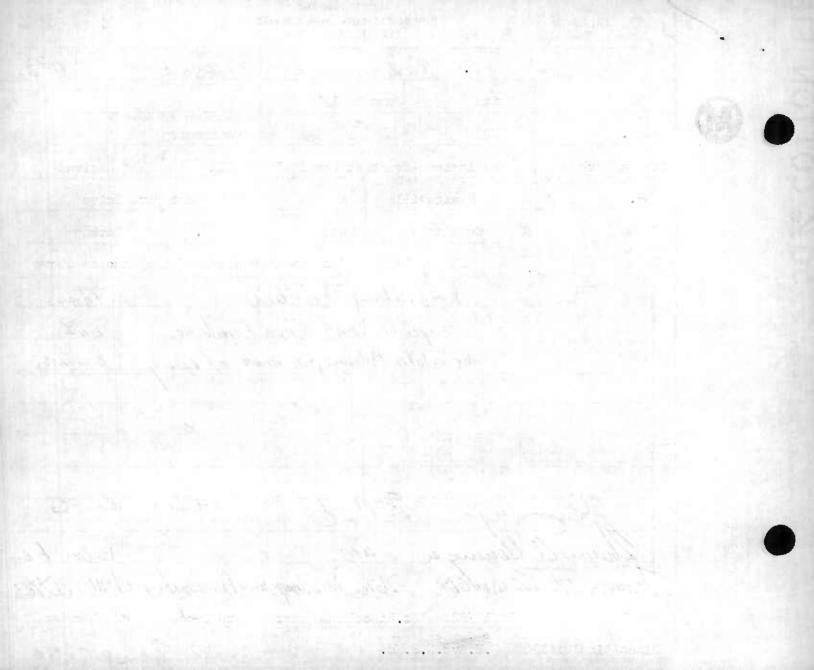
REGISTRAR

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Retired 7710 West Park Drive Berkey Katherine Cunningham (Wife) Same as above N GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE our) opinian death accurred on the date and haur and from the causes stated 22c DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN 12/18/82 Ft.Lincoln Cemetery Burial Maryland Brentwood 24 FUNERAL DIRECTOR REGISTRAR 256, REGISTRAR'S SIGNATURE Hines/Rinaldi 11800 N.H.Ave.S.S.Md.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO



## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.3	6 1
3	1
W	(fin

1,	- STATE REGISTRAR			DEI ANTI		ICATE OF I	DEATH		REG. NO.		Cha -	
	PECEASED NAME  PE OR PRINT)  NO	PIRST		LLEN	CUR'	TIS		DE CEME		198	YEAR	26. HOUR 8:50p M
3.5	SEX		4. RACE		5 DATE C	OF BIRTH		6. AGE (IN YEAR	S LAST BIRTHDAY)		JNDER 1 YEAR	IF UNDER 24 HRS
	MALE		CAUCAS	SIAN	MAY	23	1927	5	55	YRS.	THS DATS	HOURS MIN.
V	IRTHPLACE (STATE OF			WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED -	9 BALTIMORE		IO YTNU	DEATH	
170	MASSACHUSE		UNITED	OSPITAL NURSIN	WIDOWE		VORCED	MONTGO				MD
K	BETHESDA	1	NAVAL H	OSPITAL,	NAVA			TYPE OF WORKED			INDUSTRY U. S	NAVY
130	UAL RESIDENCE (IF NUR STATE MARYLAND	113b COUN	OTHER INSTITUTION TY GOME RY	GIVE RESIDENCE BEFORE  134 CITY OR TOW  SILVER S		100-0	NO 🗌	13e STREET ADI 2428 DE	ORESS EXTER A	AVENU	Œ	
1	JOSEPH		ORGE	CURTIS		ANNII	S MAIDEN NAM FIRST	N	TLDA			LEY
160	WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU		17 INFORMA						R AVE.
	YES	1944-	1967	031-14-4	543	MARIE	HELENA	CURTIS	SILVI	ER SP		MD 2090
	Canditians, if any gave rise ta im cause (a), statiunderlying cause	mediate ng the e last.	(b)	R AS A CONSEQUE R AS A CONSEQUE  DUTRIBUTING TO D	NCE OF	NOT RELATED	TO THE TERMI	IN AL DISEASE O	r conditio	DN GIVEN	IN PART 110	0
CERTIFICATION	19a DATE OF OPERA	MOIT	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO	PRMED	200 AUTOPS YES ₩ N				NGS USED OF DEATH?
MEDICAL CER	OR CONTRIBUTING	CAUSE OF DEA	P./	M. MONTH DA M.	Y YEAR			ED (ENTER NATURI	OF INJURY IN IT	EM 18 PART	OR PART 2)	
MED	WHILE NOT W	THILE DRK		EET, FACTORY, OFFICE, FA		211. LOCATION STREET	ON		ITY OR TOWN		COUNTY	STATE
	220.1 certify that (1 saw the decea- abave, (1) (we) (	) (this hospit sed olive on (did) (did not	5 DECI	e deceased from 8 EMBER 19			, 19 82 (our) opinion d	to 5 DI	n the date or	Manager, 17 a	nd fram the	
		so llo		lyme u		MD		MEDICAL DIRECTOR				C 1982
	R. L. SO			MC, USNIX		NAT IO	NAVAL I	HOSPITAI ITAL REC	I, NAV.	AL ME BETHE	EDICAL ESDA,	COMMANI MD 20878

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

MPORTANT: If Ite

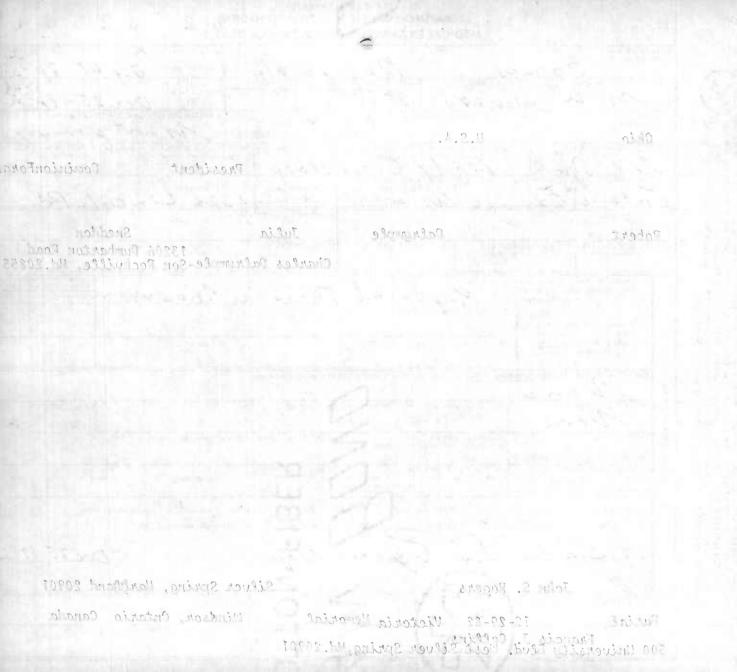
230. BURIAL, CREMATION, REMOVAL Cremation Dec 7 1982

Cedar Hill Crematory Suitland Md. Prince Geo.

W Was Chambers Co 8655 Georgia Ave, Sil. Spg FC 1 0 1982 REGIST AND REGISTRAN CHARLES

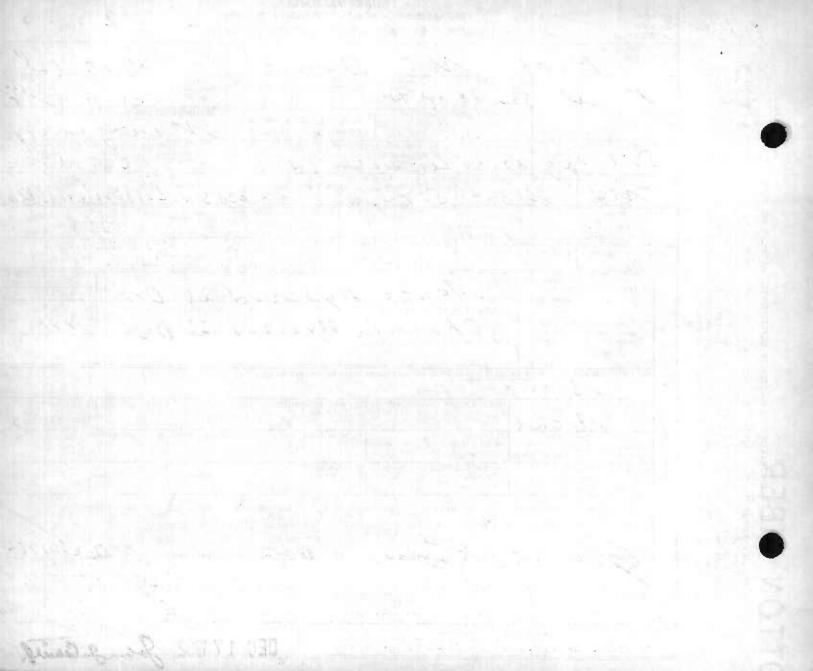
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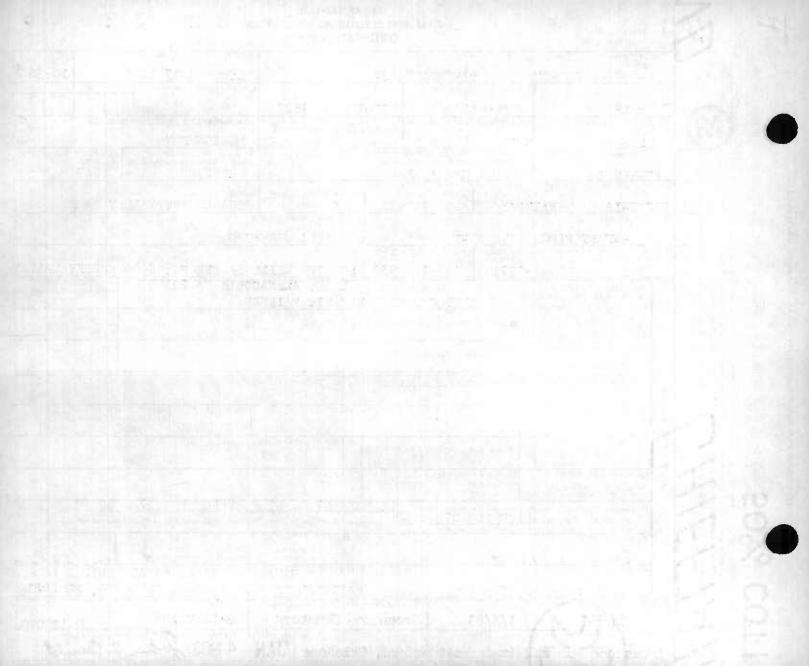
					STA	TE OF M	ARYLAND					
	20		FOR STATE	D	EPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	/ 3	2 -	3	4
1			REGISTRAR	MED	ICAL EXAMIN	ER'S C	ERTIFICATE C	F DEATH	REG. NO.	100		
"		I. DE	CEASED NAME EIRST		MIDDLE		LAST	20. DATE		MONTH DAY	YEAR	76 HOUR
	M F M	(TYP	E OR PRINT)		6	_ /	/	OF	ESTI-	7 /	- 0	54
	SEE AS	2.55	Jane	<u> </u>	11	2/1	ymp/e		H MATED D	cc 4	19	AM
	200	3. SE)	1 RACE S. DA	TE OF BIRTH	YEAR LAST BIRTHO		DER I YR. UNDER	24 HRS. 2t. DA		NONTH DAY	YE AR	24 SHOUR
	7200 KY		In w m.	ev. 29	07 75 YI	RS.		DE		c. 20	119 82	MM
	SSAIS	70 B	RTHPLACE (STATE OR 7b. C	ITIZEN OF WHA	AT COUNTRY?	8. MAPPIE	ED NEVER MARR	P BALT	MORE CITY OR	COUNTY OF	DEATH	
	PRE NEW YORK	200		11 0	A	WIDOW			Man	to	me	VY.
	ZES S	FO C	Ohio TY OR TOWN OF DEATH	AME OF HOSP	ITAL, NURSING HOME				UPATION (TYPE OF	word 12b KI	ND OF BUS	MD.
	ZERES S		0 7 0	F NOT IN SUZH EAC			11	FOR MOST OF W	ORKING LIEE)	O	RINDUSTRY	Υ
	355 R	0	1 Dagi	170	YUV	111	HOSP	Preside	ent	Von	rinion	itorge
5	NY DE STAIN OF DE	13a. S			RESIDENCE BEFORE ADMISSIN	ON)	13d INSIDE CITY LIMITS?	13e STREET ADD	RESS /			
212	AND SHOULE	0	ntaria Can	-11	11/1nds	10/	YES NO	2321	U-	1.1.	Rd	
9	7. S. S. S.	14. F	ATHER'S NAME			-	15. MOTHER'S MAIDI	N NAME		40/5		
≥	NO NO NO	1 -	EIRST MIDD	LE	LAST		FIRST		MIDDLE		LAST	
8	20 × × 0 -		Pobert		Dalrymple		Julia		1000ccc	Sneddor	l .	
¥.	AFTER DE NVE PAGI H FORM NGES 1 A		VAS DECEASED EVER IN U.S. ARMED FO ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR		166 SOCIAL SECURIT	TNO.	INFORMANT		13206 De	umbarto	in Roa	id
BALTIMORE, MD. 2120]	S AFT GIVE TTH F PAGE VISA			36.39			Charles D	alrymple.	-Son Rocl	rville,	Md. 2	20853
:	363 ≥ 10		18 CAUSE OF DEATH (Enter only one	cause per line f	ar (a), (b), and (c).)				-	I A	PPROXIMATE II	NTERVAL
IST	TED WITHIN 24 HOUR N PENCIL IN ITEM 18. XAMINER ALONG W A1- TRANSIT PERMIT. MENTAL HYGIENE, D N, OR REMOVAL.		PART I DEATH WAS CAUSED BY:	0	, o turo	-	Thorse	ic. An	en VV	cm	VEEN ONSEL	AND DEATH
ó	SECTION NAME OF THE PARTY OF TH	100	4411 IMMEDIATE CAL		S CONSEQUENCE	DE.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-0, 17				
25	A TINE		Conditions, if any, which	000,000	TO M CONTRACTOR							
0.	MITHIN VCIL IN INER AI RANSIT TAL HYO		gave rise to immediate	(b)								
*	ON THE PER		lying cause last.	DUE TO, OR A	S A CONSEQUENCE	OF						
20	ECUTED St. IN PI NE EXAV URIAL- IND ME	1.5	Tyring toose loss.	(c)								
So	DOGMAG		PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BL	IT NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN PA	RT 1 (a).				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	M L U T T S	Z	1/1000									
REC		d Ĕ	190. DATE OF OPERATION	119h CONDITION	ON FOR WHICH OPER	ATION W	AS PERFORMED?			20. /	AUTOPSY?	
₹	TIFICATE SHOULD G THE WORD "PE TO THE CHIEF A HOULD BE USED. ARTMENT OF HE OR TO BURIAL, O	CERTIFICATION	11	112 CONDIN	OTT OK THICH OF ER		TO TENT ON THE D			100		
N N	S S S S S S S S S S S S S S S S S S S	1 E									YES 🗌	NO
9	ICATE WE WENT THE WENT THE WENT TO BE		210 EXTERNAL CAUSE WAS	116. TIME OF I	injury Month Day Year		W INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18 PART	1 OR PART 2)		
N O	RTIFICATI NG THE V SHOULD SHOULD PARTME	1 3	CONTRIBUTING CAUSE OF DEATH	P.M.	19							
1Si	CERT 3 SH DEP DEP	MEDICAL	21d INJURY OCCURRED		FINJURY (AT HOME,		TATION					
10	HIS CER WRITIN WRITIN ARDED AGE 3 SI ATE DEP	E	WHILE NOT WHILE AT WORK	STREET, EACTO	RY, EARM, ETC.)	ST	TREET	CITY OR	OWN	COUNTY		STATE
	F 5 & F &		AT WORK	1				C72-				
	ECERTIFICATE DUE DE FOR L DIRECTOR: H, WITH THE S MARYLAND,		22s. I certify that I taak charge of th	e remains desci	ribed abave, held an	Autaps	y . Inspectio	n Inquir	y L, and ir	n my apinian		
	WEDICAL EXAMIN UTE THE CERTIFIC E. 4 SHOULD BE FUNERAL DIRECTO ER DEATH, WITH TI		death resulted fram: Natural cau	ses 🔛	Accident Su	icide .	Hamicide .	Undetermined	manner ,			
	ERT ARI		20		1		TITLE (SPECIFY)					
	CALEX THE CER SHOULD SHOULD SETAL WIR SETH, WIR		ACTUAL SIGNATURE	17	(aas		Dear	1150151159	1414150	DATE SIGNEDICE	25	1987
-	SES ES	1	SIGNATURE 1	-	1		- La aga	MEDICAL EXA	MINEK	SIGNEDICAL	400	, , ,
	STANDAN		EXAMINERS NAME				0 :	Proces Contr	ina Hab	and and	20001	
	TO MED EXECUTE PAGE 4 TO FUNI AFTER DE BAHTMO		(TYPE OR PRINT) John S.	Rogers				lver Spr		granu_	.0901	
000	FEG C F < Ø	730.B	URIAL, CREMATION, REMOVAL 236 DA	IE	23c. NAME OF CEA	METERY OF	CREMATORY	23d. LOCATION		COUNTY	STAT	TE
9999	BP.		Burial 12.	-29-82	Victoria	Memo	rial	Windso	r, Ontar	co Car	nada	
1111	DHMH - 17	24. F	uneral director Francis J. 30 University Blvd	Collin	A		250. DATE	REC'D. BY REGISTI	PAR 256 REGISTR	AR'S SIGNAT	Buch	R
	(VR A15 ME (5))	5	00 University Blvd	. West	Silver Spr	ing, M	d. 20901 JA	NO 130	0		-	4
	20M 4/B2											



. 12		FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	2 5 5 3
10		REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
		E OR PRINT	MIGOLE LAST 1 20. DATE KNOWN OF ESTI-	TH DAY YEAR 26. HOUR
ASE OR. JRS JET,			e /V. Danie DEATH MATED ROLL	c 9 19 82 M
PLEASE ECTOR. R FILES. HOURS	3. SEX	4. RACE	5. DATE OF BIRTH MONTH OAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED	TH DAY YEAR 2d HOUR
7 2255	1 0	PTHDLACE (STATEOR	78. CITIZER OF WHAT COUNTRY? IS 9. BALTIMORE CITY OR CO	UNTY DE DEATH
機能議で8		REIGN COUNTRY)	MARRIED   NEVER MARRIED	UNITALIBEATH
Z-2 × 3	10. CI	MASSACHUSETTS  TY OR TOWN OF DEATH	U.S.A. WIDOWED DIVORCED   IZE OF WORLD IN THE PROPERTY OF WORLD IN THE	126 KIND OF BUSINESS
DELAY IS TO THE R NE PAGE DS, 201 V	10. C	S. C. S.	(IF NOT IN SUCH FACILITY, GIVE STREET AGGRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
DELV N P P S S S S S S S S S S S S S S S S S	USUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 124 INCIDENCE CITY OF TOWARD 124 INCIDENCE CITY O	& P TELEPHONE
DEE, MD. 21201 DEATH. IF ANY DELAY IS, GES 1, 2, AND 3 TO THE P, M PM 3, RETAIN PAGE I AND 2 SHOULD BE FILED. OF, WITAL RECORDS, 201 V	13a S	TATE 13b. COUN	130. CITY OR TOWN  130. INSIDE CITY LIMITS  130. STREET ADDRESS 4900  YES NOW 3213	wel w. 11 blu
D. 2 18. R. S. A. S. R. S. H. R.	14 F/	THER'S NAME	III MOTHED'S MALDEN NAME	ACTION IN BINI
DEATH. IF		MICHAEL	CHRISTOFARO FIRST MIDDLE MARIA	DININO
TIMOR TER DE FORM ON OF	16a. V	AS DECEASED EVER IN U.S. AR	RMED FORCES? [166, SOCIAL SECURITY NO. [17. INFORMANT CTCTTD 4次年5 CA	RGENT ROAD
BALTIMORE, IRS AFTER DEAT S. GIVE PAGES WITH FORM PY PAGES I ANE DIVISION OF	(A	ES, NO, OR UNKNOWN) (IF YES, GIVE	577-01-1636 QUINTA BAILEY CHILLUM, M	
			nly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S S S S S S S S S S S S S S S S S S S		PART I DEATH WAS CAUSE	TE CAUSE (0) Acute Myoczydzil Dw	BETWEEN ONSET AND DEATH
		4291	DUE TO, OR AS A CONSEQUENCE OF	
ANS ANS	3.	Canditions, if any, which gave rise to immediate		YVS
201 W. PRE UTED WITH IN PEULL		couse (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
EXECUTED NG" IN PRICAL EXAM NO BURIAL - H AND MEI WATION, C		171119 Cdosc (ds).	(c)	
DIVISION OF VITAL RECORDS, 201 W. PREST S CERTIFICATE SHOULD BE EXECUTED WITHIN RITING THE WORD "PENDING" IN PENCIL IN ROED TO THE CHIEF MEDICAL EXAMINER A E3 SHOULD BE USED AS A BURIAL - TRANSIT E DEPARTMENT OF HEALTH AND MENTAL HY OI PRIOR TO BURIAL, CREMATION, OR REMO	-	1/6	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101	
ECORDS D BE EXE ENDING MEDICA AS A BL EALTH AL	Q.	190, DATE OF OPERATION	N.C.	Les autopous
SHOULD ORD "PE CHIEF A	ICA	196. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
F VITA WORD WORD BE CHIE	CERTIFICATION	21g EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART )	YES NO DE
CERTIFICATE SHOULD THE CONTROL THE CONTROL THE CONTROL THE CONTROL THE CONTROL THE CONTROL TO BE CON	I CI	UNDERLYING OR	HOUR A.M. MONTH DAY YEAR	
ISION ING TI ING TI ING TI ING TI IS SHOI IS SHOI IS SHOR	MEDICAL	CONTRIBUTING CAUSE OF	21e. PLACE OF INJURY (ATHOME. 21f LOCATION	
	X	WHILE NOT WHILE I	STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN	COUNTY STATE
= AT 0 1 4	100		ge of the remains described above, held an Autopsy Inspection Inquiry, and in m ural causes Accident, Suicide, Hamicide Undetermined monner,	y opinion
EXAMIN CERTIFIC JUD BE P DIRECTO		death resolved from: Naid	TITLE (SPECIFY)	
HE CER OULD OULD WITH, W		ACTUAL	Dan Di	SMOCE 1/1912
DICAL FETHE TSHOUTH SHOUTH		4		
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE IT O FUNERAL DIRECT AFTER DEATH WITH BALTIMORE, MARYLA		TYPE OR PRINT)	JOHN S. ROGERS ADDRESS 1919 SEMINARY RD., SILVE	R SPRING, MD.
524548	23a.B	URIAL, CREMATION, REMOVAL	236. NAME OF CEMETERY OF CREMATORY 23d. LOCATION CITY OF TOWN	COUNTY STATE
BP	0	CREMATION	12/14/82 MFTROPOLITAN CREMATORY ALEXANDRIA 15 1 COLLING MFTROPOLITAN CREMATORY ALEXANDRIA 15 0. DATE REC'D. BY REGISTRAR 1256 REGISTRAR	VIRGINIA
DHMH - 17	24. F	NAME UNITED TO THE	ADDRESS ADDRESS	C 3 SIGNATURE
(VR A15 ME (5)) 20M 4/82	_5	UU UNIV. BLVV.,	W., SILVER SPRING, MD. 20901   DEC 17 1982	- Comel

STATE OF MAKITAND





1.	1	Items 21a & 21b Film 575 STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 - "/ /
6	1-	STATE 1=5=05 CN	2331
		REGISTRAR NETT TE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	(1)	PECEASED NAME  AMOBILE  AND ALL  AND AL	NTH DAY
PLEASE ECTOR. R FILES. HOURS		10-010 10124 1041	Jec/ 10 821 PM
PLEAS ECTOR PLESS PLESS HOUR	3 SE	MONTH DAY YEAR ") MONTHS DAYS HOURS MIN PRONOUNCED	- 12
10000		Temale W OCT. 22,1897 85. DEAD Dec	1 10 PH PM
SEA SEA	14	Md.    Th. CITIZEN OF WHA OUNTRY?   B. MARRIED   NEVER MARRIED   9 BALTIMORE CITY OR CO	) /
A5 75			tog omery MD.
<b>多年品品的</b>	710.0	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION IN SUCH FACILITY ON STREET ADDRESS) 120 USUAL OCCUPATION (TYPE OF W	OR INDUSTRY
A DO SHE	9	01201 1200P (FV 6))7 1-11.	Home
ANY RETAIL	# 113a	JAL RESIDENCE (IF IN NUMBING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE 136 COUNTY 136 CITY OR TOWN 134 INSIDE (ITY LIMITS? 136 STREET ADDRESS	
21201 F ANY AND RETA RECO	M	d. 20860   Sandy Spring YES \ NO □ 617 Olney-San	dy Spring Rd
E, MD, 21; ATH. IF AJ S 1, 2, AN PM, 3, RE ND 2 SHO	14. F	ATHER'S NAME  FIRST MIDDLE LAST FIRST MIDDLE  AND THER'S MAIDEN NAME  FIRST MIDDLE	LAST
	4	William - Gregg Margaret Catherine	Stream
PACER CONCORNO	/ 16a.	WAS DECEASED EVER IN U.S. ARMED FORCES?  166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	11 - M2 20070
BALTIMORE, RS AFTER DEA B. GIVE PAGES WITH FORM P T. PAGES TAN DIVISION OF		no 218-34-6201 Cynthia Gregg Rockvi	lle,Md.20852
: 5m5L-0		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
STON ST V 24 HOUR V ITEM 18. ALONG W IT PERMIT. YGIENE, D		PARTIDEATH WAS CAUSED BY:  PARTIDEATH WAS CAUSED BY:  PARTIDEATH WAS CAUSED BY:  PARTIDEATH WAS CAUSED BY:	
PRESTON THIN 24 H SIL IN ITEM ANSIT PER AL HYGIEN REMOVAL	-	DUE TO, OR AS A CONSEQUENCE OF	9 /
201 W. PRE UTED WITHII IN PENCIL II EXAMINER RIAL TRAIL D MENTAL H		Conditions, if ony, which gave rise to immediate (b)	2m8
PENW W		cause (a) stating the <u>under-</u>   DUE TO, OR AS A CONSEQUENCE OF     lying couse lost.	
TAL RECORDS, 201 W. PRESTON ST HOULD BE EXECUTED WITHIN 24 HOL RD "PENDING" IN PENCIL IN ITEM 19 HHEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, PIAL, CREMATION, OR REMOVAL.		(c)	
RECORDS,  TO BE EXECT  - MEDICAL  - MEDICAL  - MEDICAL  - HEALTH ANI  - CREMATIC		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10.	
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VULD VULD VILD SED F HE	CERTIFICATION	198. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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OF ATE WENTER OF TO BE ATE OF T	1 5		OR PART 2]
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DIVISION OF CERTIFICATE RITING THE W RDED TO THE E BS SHOULD E DEPARTME OI PRIÓRITO	MEDICAL	21d. INJURY OCCURRED  21e PLACE OF INJURY (ATHOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.)  21d. INJURY OCCURRED	COUNTY STATE
TAAAA.	1	AT WORK AT WORK TO HOME Olney Sold Jandy Sold Jandy Sold	mont mis
ATE, TATE, T		220 I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry , and in a	пу оріпіол
AND TO THE	14	death resulted from: Natural causes . Accident . Incide . Homicide . Undetermined manner .	
EXAN CERTION BOIRE		TITLE (SPECIFY)	0 0,000
AL PAINTE		SIGNATURE M.D. DEN MEDICAL EXAMINER S	ATPREC 21982
MEDICAL CUTE THI CUTE THI FUNER AC	2		
A D S E		(TYPE OR PRINT) Dr. John S. Rogers ADDRESS Silver Spring, Md.	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PAFFER DEATH, WITH THE ST BALTHMORE, MARY MARY MAND (2)	230	BURIAL, CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial Dec. 9,1982 Burtonsville Burtonsville	Mont. Md
DHMH - 17	24	FRANCIS H. BARBER STAYBONSVILLE, MD. 1250. DATE REC'D, BY REGISTRAL PROPERTY OF THE PROPERTY O	1. takul
(VR A15 ME (5))	)	FRANCIS H. BARBER 2787 ONSVILLE, MD. DEC 1 0 1982	
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1	10 C	Ohio		J.S.A.	WIDOWE		Mont.	JON -	12b. KIND OF	0.46151566
70		Chevy Chase	Beth.	Ret. & N	ADDRESS)	g Ctr.	(TYPE OF WORK FOR MOST		INDUSTRY U.S.	
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50		ATHER'S NAME FIRST  Edward	WIDDLE	Pettit		15. MOTHER'S MAIDEN NAM	MIDDLE		Ques	1
1	160 V	VAS DECEASED EVER IN U	I.S. ARMED FORCES YES, GIVE WAR OR DATES			T. Embury Jo	ones 1001 R		d Dr. C	inn.
		Conditions, if ony, wh	ich (b)	, OR AS A CONSEQUE	PLE OF	esolete X	hel Desai	ı.	24	u
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Demaine Funeral Homes, Inc., Alex., Va. 22314

STATE OF MARYLAND

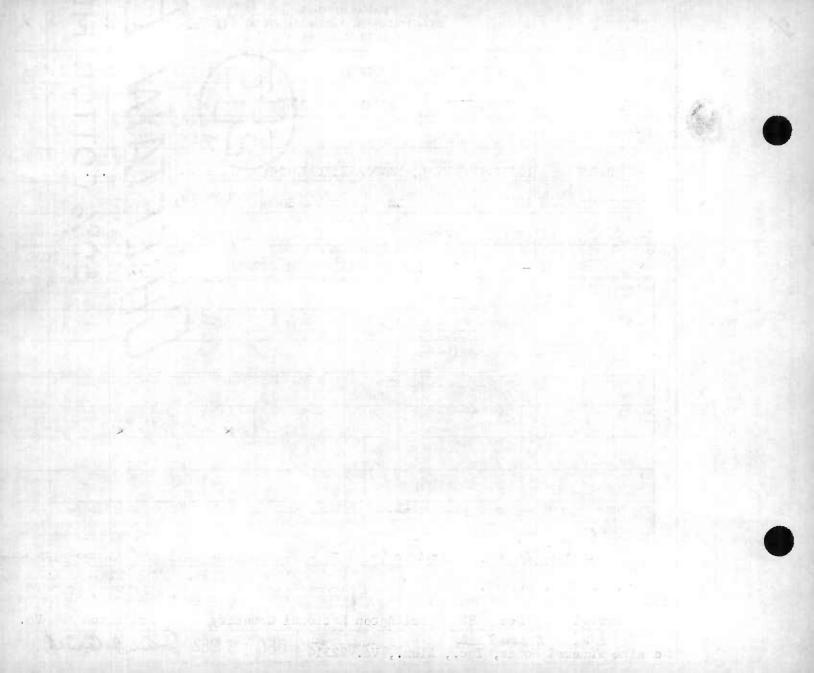
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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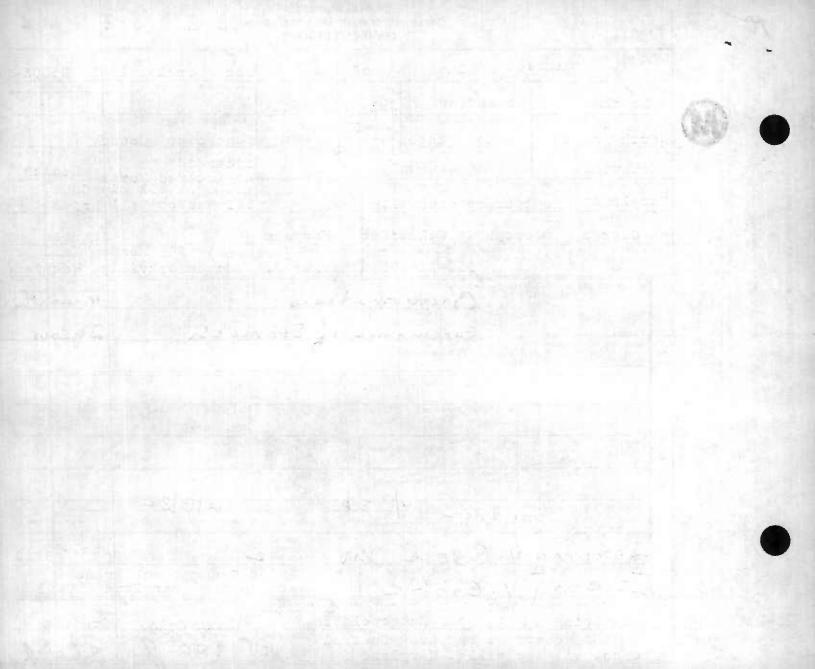
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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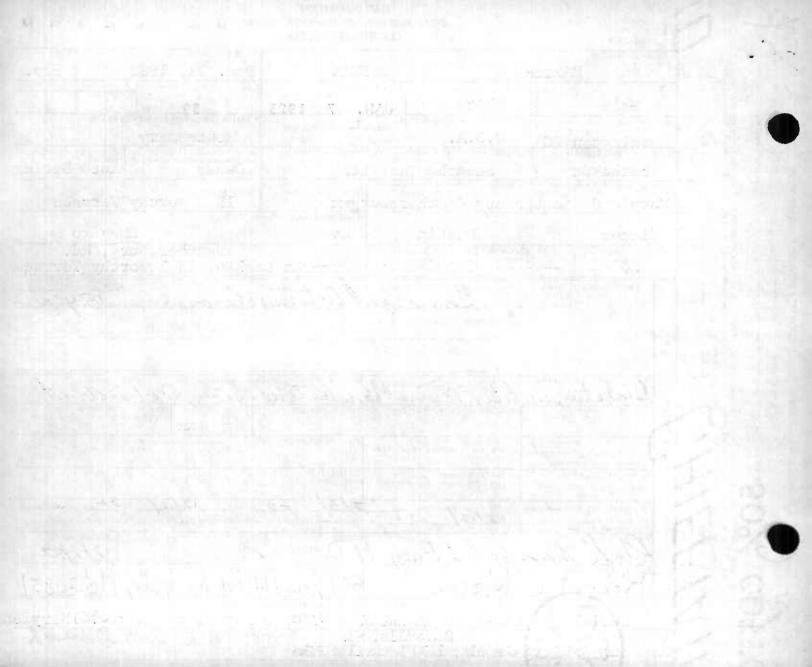
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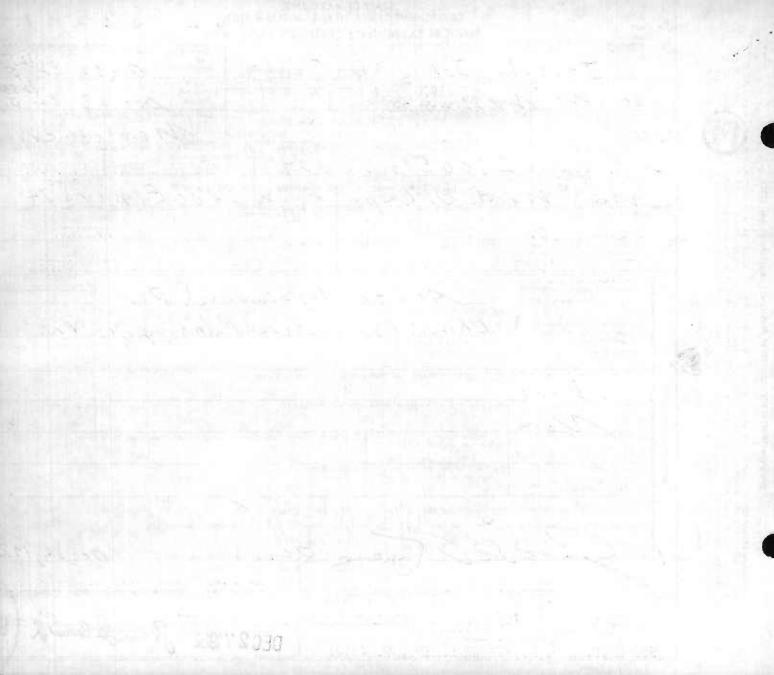
STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME DICARLO 20. DATE KNOWN - MONTH (TYPE OR PRINT) OF ESTI-2 DATE OF BIR 20. DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY TO BIRTHPLACE (STATE OR 6. CITIZEN OF OF DEATH MARRIED DEVER MARRIED FOREIGN COUNTRY) LOUISTANA DIVORCED WIDOWED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY POSTAL CLERK U.S.GOVT 20902 13a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FIR51 DICARLO ROSE MATRANGA 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 438-09-0001 WIFE SAME AS 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HIGHEN. IL, CREMATION, OR REMOVAL IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 id CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2B AUTOPSY? TO BURIAL ARDED TO THE ARGE 3 SHOULD BE U NO T YES \_ 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR L OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITING ANGLE & FORWARDER TO FUNERAL DIRECTOR: PAGE 3: AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL JER'S NAME TOHN ROGERS ADDRESS 1919 SEMINARY ROAD STIVER SPRING MD TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY ROCKVILLE MONT BURIAL PARKLAWN CEMETERY BP DEC 2 24 FUNERAL DIRECTOR FRANCIS J. GOLLINS **DHMH - 17** (VR A15 ME (5)) 500 UNIV BLVD. W. SILVER SPRING MD. 20M 4/82

STATE OF MARYLAND



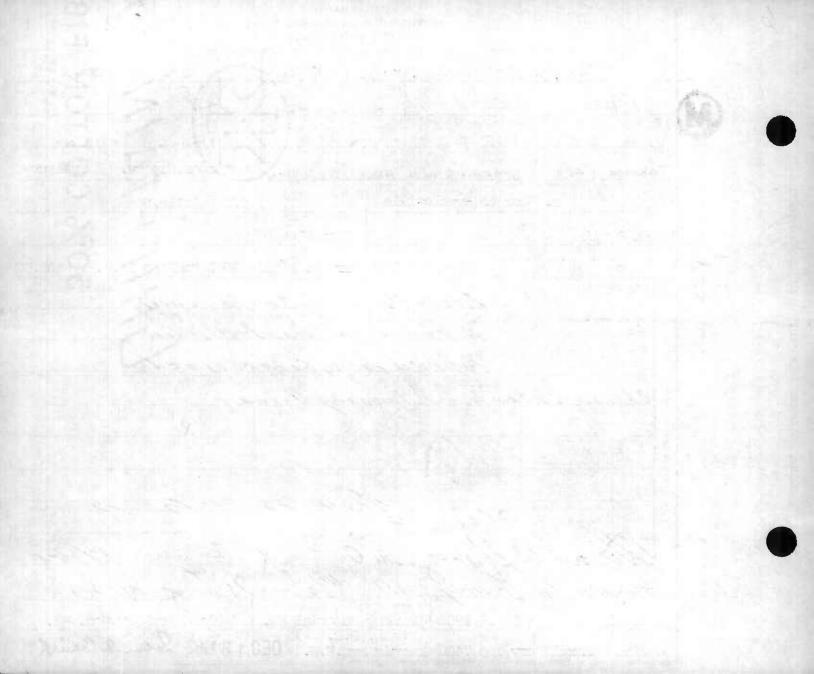
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s off	100		Potomac	100		HEACILITY, GIVE STREET.  OGlen Mi		ad		Lega	Secri	tary	Law	
in b	pe d	USU	AL RESIDENCE (IF NURSIN		THER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION]						200E/	
24 h	なる			Mont of	omery	Rockvil		YES X	NO T		T ADDRESS		20854 Place	41700
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core con	0		Joseph vas deceased ever ii	N U.S. ARM	ED FORCES?	Gerin		17. INFORM	ace		PAPPA	ASC M	d. 2085	nda
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rs. P	e e		NO 18 CAUSE OF DEATH			1097-01-0		urace	A. Nup	per,	11310	GIEII M		MATE INTERVAL
ow requires that the been signed by the please reprior to burial, ore prior to burial, ore	any injury, ar athe	CERTIFICATION	couse (a), stating underlying cause  PART 2. OTHER SIGN  19a. DATE OF OPERATI	IFICANT CO	ONDITIONS CO	R AS A CONSEQUE  DITION FOR WHICH	DEATH BUT				ASE OR CONI	20b. IF YES,	N IN PART 1(o	GS USED
has has	3	TIE								YES [	NO	YES		NO 🗌
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DR ATTENDING the hospital or hospital or hospital or hospital or hospital or hospital for use of healthealth	them 21 is mo		220.1 certify that (I) ( saw the decease above, (I) (we) (di	d olive on_	Dec	19.	Nov.	9 nd that in (m) DEGISE	, 19 <u>82</u> () <del>(acr) o</del> pinian	, to death accus	W 070	A	and from the o	
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₽ ₽ ₽ ₹ 3			BURIAL, CREMATION, F		Dec. 2	2,1982 St	. Gab	riel's	Cemete		CATION ITY OR TOWN O COMAC		COUNTY	aryland
DHMH - 16 50M		24 FI	UNERAL DIRECTOR RO	bert	A. Pum	phrey Fun	eral	Homes		C27	REGISTRAR	25 EGISTR	AR'S SIGNATI	well

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(VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIEN I PRIOR TO BURIAL, CREMATION, OR REMOVAL  W		Canditians, if any, which gave rise to immediate	1 00 6	hvont	8/1	nyora.	V N-12.1	DIS	V	A.
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	37	220. I certify that I taak char	Read .	scribed abave, held an	Autap	sy 🔲 . Inspectia	Inquiry L	, and in my	apinian	
		death resulted fram: Natu	ral causes	Accident, Si	vicide	, Hamicide .	Undetermined mann	er ,		
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34		EXAMINER'S NAME			•	ADDRESS				
BALTIMORE, MARYL	22 6	(TYPE OR PRINT)	221 DATE	23c. NAME OF CE		ADDRESS	123d. LOCATION			
	/3a.B	PECH REMOVAL	12-20-82	Coarrest	METERY O	ed. School	Washingt	on. n. d	OUNTY	STATE
			12-20-02							
	24. F	Neral Director Columbia Mort	118TV ADDRESS	Wash., D.	d 20	Ave. Na WATE	2 3 1982	SV REGISTRAR	To Caluel	A
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18		301 W. PRESTON STREET, BALTIMORE MARYLAND 21201 2 ERTIFICATE OF DEATH	2 3 3 4
r death. uneral 1 and 2 rr death.	1. DECEASED-NAME First Middle (Type or print) LULA V.	DUSTIN 20. DATE OF DEATH 12 Month 19 Day.	82 Year 2b. HOUR 4 P. M
s after the furnishers?	3. SEX 4. RACE White		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
Page 1	Virginia USA	8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED XX DIVORCED Montgomery	Md.
ely with	Silver Spring  10. city Or town of Death Silver Spring  11. name of Hospital or Inst	VITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.)	12b. KIND OF BUSINESS OR NOUSTRY home
amplete	admission CTATE COLLEGE	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER  Silver Spring ES 10 0 800 Orchard V	Vay
be exe	14. FATHER'S NAME First Middle Lost Ambrose Lucian Murra		Leathers
rtificate ohysicia en pleas eval, an	16b. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) N/A  (If yes give war or dates of service) N/A  16b. SOCIAL SECURITY NO 218-50-734		Md. 21769
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and any event, with	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF	Imonaky arrest Caroliae Failure, CH.D	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending a 3 shauld be detached far use as the burial-transit permitled with the State Dept. of Health prior to burial, cremation, ar relationary	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last.    Column   Column	military Perlanonary decrea  T RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
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ICIAN: pital ar rrificate ed far u of Hea	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M.	21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	m 18.)
the has this ce detache e Dept.	While Not while at work OFFICE BUILDING, ETC.		County State
TENDING ined by OR: After auld be the State	22o. I certify that (I) (this hospital) attended the deceased sow the deceased alive on 19. (and not) view the because stated above, (I) (we) (did) (did not) view the because stated above.	and that in (my) (our) apinion death accurred on the date	2, that (I) (we) los ond hour ond from the
L OR AT be reta DIRECTOR 3 shilled with	22b. SIGNATURE MODELLIN	DEGREE PHYS. MED. STAFF PHYS.	TE SIGNED = 20182
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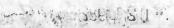
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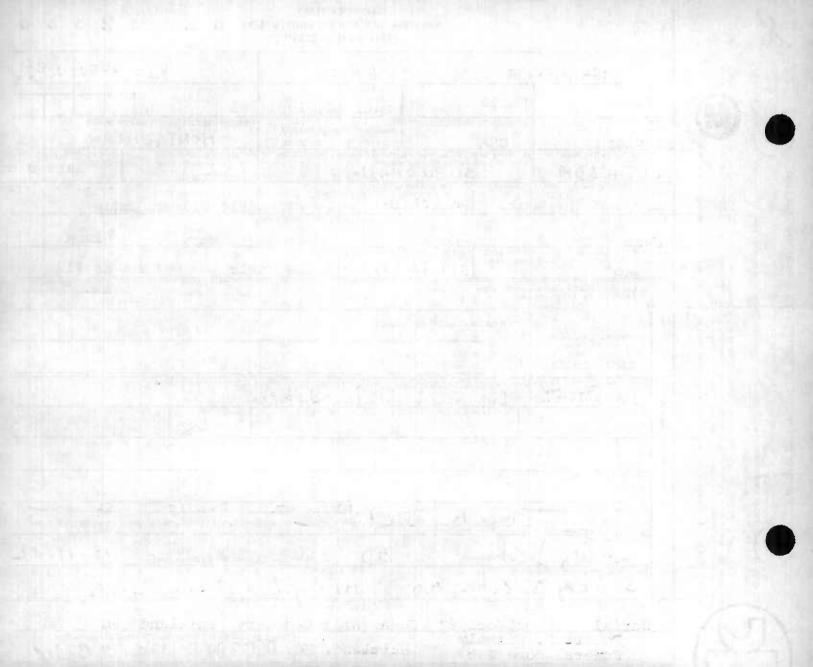




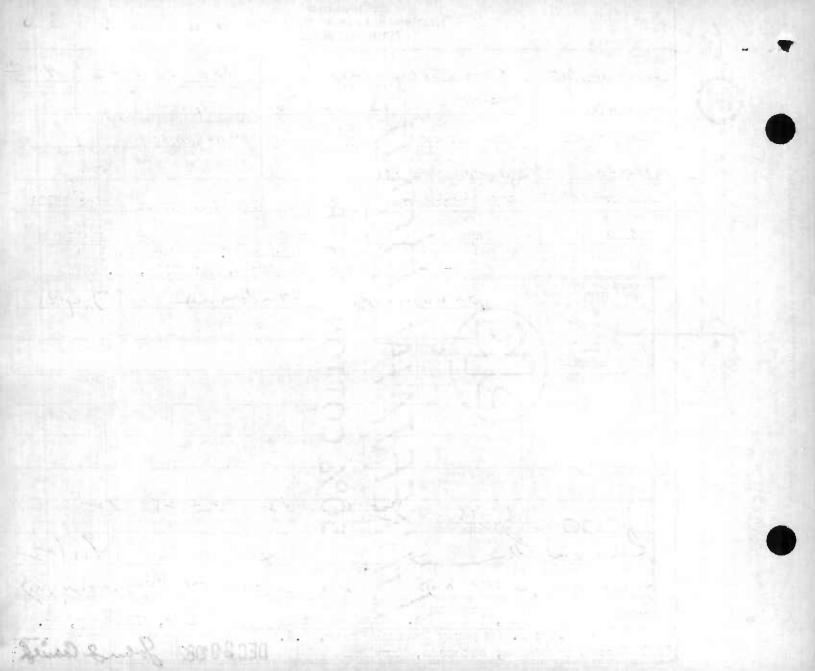




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e % €		CEASED NAME FIRST OR PRINT! MARGUE	RITE	MIDDLE	·	ARLE		20. DATE OF	REG. NO.	2 - 13	YEAR 3 - 82	26 HOUR 7
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de 35	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  ryland	76. CITIZEN O	F WHAT COUNTRY?	MARRIE WIDOWE	D NEVER A	WARRIED	1	TONT	GO ME		MD.
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be execu		(AS DECEASED EVER IN U.S. 155, NO OR UNKNOWN) (IF YES	ARMED FORCES'	213~49-		Will.	iam Ur	nkle	ADDRESS		as #	13
equires that the death cer signed by the attending Then please remove carbo to burial, cremation, or re njury, or other traumatic	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost	DUE TO,		ENCE OF		4 1 .		OR CONDIT	ION GIVEN	IN PART 1(o	()
The low requiction.  The hos been state hos been state hos been state by given prior to shows ony injury.	CERTIFICATION	190. DATE OF OPERATION	/ 19b. CON	DITION FOR WHICH	OPERATIO	N WAS PERFO		200 AUTO	NO.	N CERTIFYIN	VERE FINDIN	
PHYSICIAN: 1 ending physic this certificate he buriol-trans and Mental Hyg d or Item 18 st	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED	FDEATH HOUR	OF INJURY A.M. MONTH D P.M. E OF INJURY	19	211. LOCATIO	ON	RED (ENTERNAT	URE OF INJURY I		1 OR PART 2) COUNTY	STATE
rENDING itol or off OR: After or use os the f Health or I is morke	W	WHILE NOT WHILE 22a. I certify that (I) (this how the deceased alive	ospital ottended	12 195	3417		_, 19_76	to De	L 13	, 19.	£2.	that (I) <del>(we)</del> last
OR he he ho oche oche Dep		obove, (I) (we) (did) (did) (did) (did)	Jahr	dy ofter deoth.	hì	)		MEDICAL DIRECTOR [	STAFF PHYSICIA	N 🗌	22c. DATE S	SIGNED
TO HOSPITAL retained by the TO FUNERAL should be derived with the State with the	230 5	22d PHYSICIAN'S NAME (T	5, 61	1en, M.D	NAME OF C	121 CO	cing ressi	ional 123d LOCA	Lone,	Rock.	willa	
BP	1	Burial	15De	c1982 C	edar	Hill	Cemete	ery S	uitla	and	PG	Md
DHMH - 16 50M 4/82 (VRA 15, 4)	24. FI	Funeral	E. Wilhe Home I		Suit:	Land,	Md. D	EC 22	1982	John		will



STATE OF MARYLAND



Danzańsky-Goldberg Chapels; 1170 Rockville Pill 28

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CERTI	FICATE OF DEATH	REG. I	NO.				
		CEASED NAME FIRST WIL.	SON	H. E	ME	R	20. DATE OF DEATH	MONTH />	3	82	26 HOU	OAN
	3 SE	Х	4 RACE			OF BIRTH	6. AGE   IN YEARS LAST B	IRTHDAY)	MONTHS	RIYEAR	IF UNDER	
		Male	Caucasi	ian	Jan		82	YRS	1	DAYS	HOURS !	MIN.
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7		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSING	HOME	OR OTHER INSTITUTION	120 USUAL OCCUPA	TION	126.		F BUSINE	
0	Ro	ckville		CH FACILITY, GIVE STREET AS		sing Home	Machinist			USTRY	Vond	
1	USU	AL RESIDENCE (IF NURSING HOME ISTATE 136 COL	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE A	DMISSION!					avy_	Yard	
0	Ma	ryland Mon	tgomery	Rockville		YES NO A	13e STREET ADDRESS		Roa	đ		
-	14 FA	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE			LASI	ī	
(		ohn	F.	Eimer		Laura	Bell		T	olbe	ert	
		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN)   (IF YES. O	RMED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT	Rockv	ille,	Md.	208	353	
		No		231 62 2	533	Wilson Donald						Rđ
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C  DUE TO, C  DUE TO, C  (c)	PR AS A CONSEQUENT AS A CONSEQUENT ONTRIBUTING TO DE	ICE OF	T NOT RELATED TO THE TERM		NDITION G	SIVEN IN F	ge PARI lic	ikis	
9	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH C	PERATIC	DN WAS PERFORMED	200 AUTOPSY?	IN CERT	'ES, WERE TIFYING ( YES	FINDIN	GS USEE OF DEAT	H?
7		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  LIF EITHER NOTIFY MEDICAL EXAMIN	HOUR A	DF INJURY M. MONTH DAY	YEAR	216 HOW INJURY OCCURR				PARI 2)	NO L	
ſ	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FAR	RM ETC )	21f. LOCATION STREET	CITY OR I	OWN	CO	UNTY	S	TATE
		220.1 certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did i	NOU	19 8	<u>~</u> .	1977, 19	, to	dote and he	., 19 our and fr		that (I) (v causes sto	
		22b SIGNATURE		0		ATTENDING PHYSICIAN	MEDICAL STA	AFF ICIAN []	22	DATE	SIGNED	82
1		22d PHYSICIAN'S NAME (TYPE		ve, u	D	7425 AKL			SETT	t Est	AN	20
	23a. B	BURIAL, CREMATION, REMOVA  SPECIFY    Burial	13b. DATE	100		exander Cem.	23d LOCATION CITY OR TOWN	er,	count Penn		51	TATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

24 FUNERAL DIRECTOR

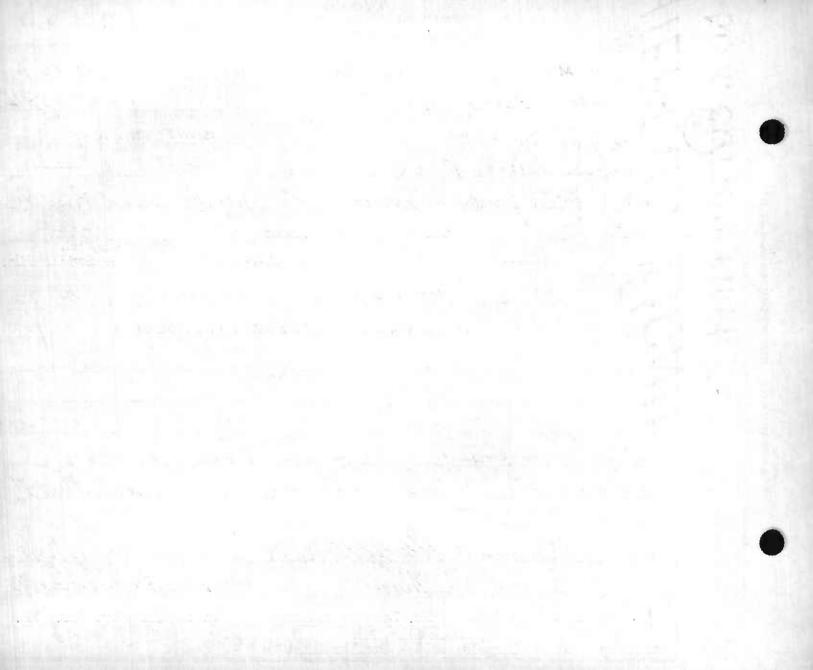
Home , Arlington, Virginia Ives Funeral

Alexander, Penna.

The state of the s FITT TO THE STATE OF THE STATE White Committee of the A think the second commendation of the second co

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-24198 DEATH MATED HOMA AHOUZADEH 5. DATE OF BIRTH DATE PRONOUNCED AVC Unknown-DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED MONTGOMER WIDOWED CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE) KE 130. STATE 13e STREET ADDRESS 13c CITY OR TOWN 13d. INSIDE CITY LUMITS? ROCKVILLE NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Cohen Moishe Yadidi Miriam ARockville, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO NO OR UNKNOWN) LIF YES GIVE WAR OR DATES Saeed Eleyahouzadeh; 11801 Rockville Pike None 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BURIAL - TRANSIT PERMIT. PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, MATION, OR REMOVAL. IMMEDIATE CAUSE (a Conditions, if ony, which ARTERIOSCUEROS gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) USED AS A E CERTIFICATION CATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M OR: PAGE 3 SHOULD BE USED A HE STATE DEPARTMENT OF HEA ND, 21201 PRIOR TO BURIAL, C 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC.) NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 AT WORK AT WORK 22a. I certify that I taok charge of the remains described above, held an Autopsy death resulted from Undetermined manner EXAMINER'S NAME 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 12-26-82 Burial Mt. Lebanon Cemetery Hyattsville, Pr. Geo. BP DFC 2 9 1982 The funeral director ADDRESS Rockville, Md. Pike DEC Danzansky-Goldberg Chapels; 1170 Rockville Pike DEC DHMH-17 (VR A15 ME (5)

15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR 20 DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-Elvira DEATH MATED Romana 1 19 82 Elliott 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS 2c. DATE 2d HOUR PRONOUNCED 3:47F Female White Feb. 23, 1924 58 DEAD 11 19 82 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH Italy MARRIED NEVER MARRIED U.S.A. Montgomery County. DIVORCED II. CITY OR TOWN OF DEATH 17a USUAL OCCUPATION (TYPE OF WORK II. MAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Saleslady Bethesda Suburban Hospital Services. Inc SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI Hyattsville 13d. INSIDE CITY LIMITS? 1907 Erie Street Prince Geo. Apt 204 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Unknown Unknown 17. INFORMANT 8258 Canning Terrace HAG, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 215 38 2992 Greenbelt, Md. 20770 No Denise Elliott CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) CATE, WRITING THE WORD PRINCE.

CATE, WRITING THE WORD PRINCE.

COR. PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT.

THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DITHES THE DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

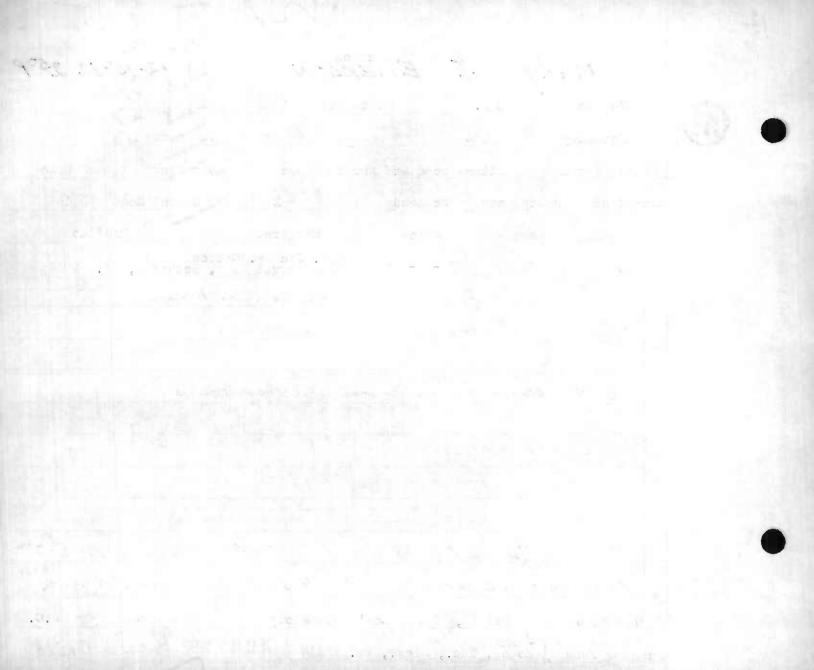
STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio cerebral trauma IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO . 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING & OR Pedestrian struck by auto CONTRIBUTING CAUSE OF DEATH 10:40 XX. 1119 82 21e PLACE OF INJURY (AT HOME. 21f LOCATION TO MEDICAL EXECUTE THE CERTIFICATE, SECURE THE CERTIFICATE, TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLMORE, MARYLAW, 21201 F STREET, FACTORY, FARM, ETC.I WHILE NOT WHILE AT WORK street 9000 Blk. Riggs Rd. Adelphi. Mont. Co.. 22a. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL 12/12/82 M Deputy Chiefredical EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. III Penn St. Balto, Md. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Maryland 12/17/82 Burial George Washington Cem. Adelphi P.G. Francis Gasch's Sons Funeral Home, P.A. **DHMH - 17** Hyattsville, Maryland (VR A15 ME (5))

20M 4/B2

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Ans V	1	Kentucky		USA	A	WIDOWI	_		Montgome	ery		
M 1 10	10 C	TY OR TOWN OF DEAT	Н		HOSPITAL, NU	IRSING HOME	OR OTHER INSTITUTION		JSUAL OCCUPATI			OF BUSINESS
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ges 1		VAS DECEASED EVER IN		MED FORCES?		SECURITY NO.	Mrs. Jack	k M. C	ADDRE	SS		
Poge		No	N/A	1	275-42	-4548	5320 Cary	vel Ro	ad, Beth	esda,	Md. 2	0816
person ol.		18 CAUSE OF DEATH	Enter onl	y one cause pe	r line far (a), Ib	, and ic	IL CARDIOVA	,			BETWEEN	IMATE INTERVAL ONSET AND DEAT
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certificate h riol-tronsit p entol Hygier frem 18 shav		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICAL	USE OF DEAT	1.54	OF INJURY .M. MONTH	DAY YEAR	21c HOW INJURY OC					
ter this is the bu hond M rked or	MEDICAL	21d INJURY OCCURRE  WHILE NOT WHILE AT WORK AT WORK	E 🗀		OF INJURY TREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
OR: Al		220.1 certify that (I) (1 sow the deceased	olive an_				nd that in (my) (our) op	inian deoth				that (I) (we) for
hosp IREC ihed f eept o tem 2		above, (1) (we) (die 22b. SIGNATURE	d) (did not	view the body	y after death		DEGREE	-			22c. DATE	
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A 15 (4))	De	maine Funer	alH	omes, I			. 22314	DEC 2	1 1982	John	. Las	mulh
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

		FOR	DEDAG		OF MARYLAND	IVOITHE Q 2	3 1	) 5	6
	1 -	STATE REGISTRAR	DEPAR		ALTH AND MENTAL I	REG. N	10		
	I. DE	CEASED NAME FIRST OR PRINT)	MIDOLE	LAS	Ť	20 DATE OF DEATH		YEAR 2	10:
	3 SE	Baby Gi	MI (WI ISON ) FE	ten Is DATE OF	BIRTH	6 AGE (IN YEARS LAST BI	THDAY) IF U	82 1	IF UNDER
1	-	Female	Black	11	14 82 YEAR	/ /	YRS.		HOURS 4
K B	4	THPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED	☐ NEVER MARRIED		_	DEATH	
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101		lney	(IF NOT IN SUCH FACILITY, GIVE STR	ral Hosp	ital	(TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
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and and		Iaryland   Mor			MOTHER'S MAIDEN		WEL AV		
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ather		couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEC	DUENCE OF	# 1 /		, +	- 11	1
or o		onderlying coose lost	(c)	401-	gorden	morales	- gunl	inal	٧
njory,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT N	RELATED TO THE T	ERMINAL DISEASE OR COM	IDITION GIVEN	IN PART 1(0	
à C	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W		
shows	RTIFI				1/	YES NO	YES [		NO [
		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [ CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJ	JRY IN ITEM 18, PART 1	OR PART 2)	
ar Item 18	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19					
ed or	MED	21d INJURY OCCURRED  WHILE NOT WHILE THOSE	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	iwN	COUNTY	S
marked		AT WORK	wally passed at at a Course C.C.	- 1	10		10	-1	- A - 11 - 1
21 is n			ital) attended the deceased from		that in (my) (our) opin	ion deoth occurred on the c	date and hour an		ot (I) (
Hem 2		obove, I) (we) (did ) did n	of view the body ofter death.		GREE			22c. DATE SI	
=		Peu )	11000			MEDICAL STA	(FF		
7		22d. PHYSICIAN'S NAME TYPE	OR PRINT)			cince Phili		0	
MPORTANT: IF		Robert Shear	rin M D	Very IDA	Olney, N		20832		
1	230 B	URIAL CREMATION, REMOVA		NAME OF CE	METERY OR CREMATO		20052		
10	(3	PECIFY)	230. DATE	A PARTICION CEN	METER TOR CREMATO	CITY OR TOWN	COU	YTML	ST
	24 FL	INERAL DIRECTOR			75a. I	DALE REC'D. BY REGISTRAF	REGISTRAR	1 SIGNATUI	RE. 0
		Montgomery Gen	eral Hospital			JEC 2 7 1982	John,	Je Cala	my
		Acti	or ar moshinar				ř		

- Carlot and Leaning September 2

BP DHMH - 16 50M 1/BI (VRA 15, 4)

FOR

REGISTRAR

- STATE

DEMH BUT TO THE TERMINAL DISEASE OR CONDITION GIVEN IN ART LIN 70k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHS YES: [ NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY INJEEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our opinion death accurred on the date and hour and from the causes stated 22c. DATE/SIGNED

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

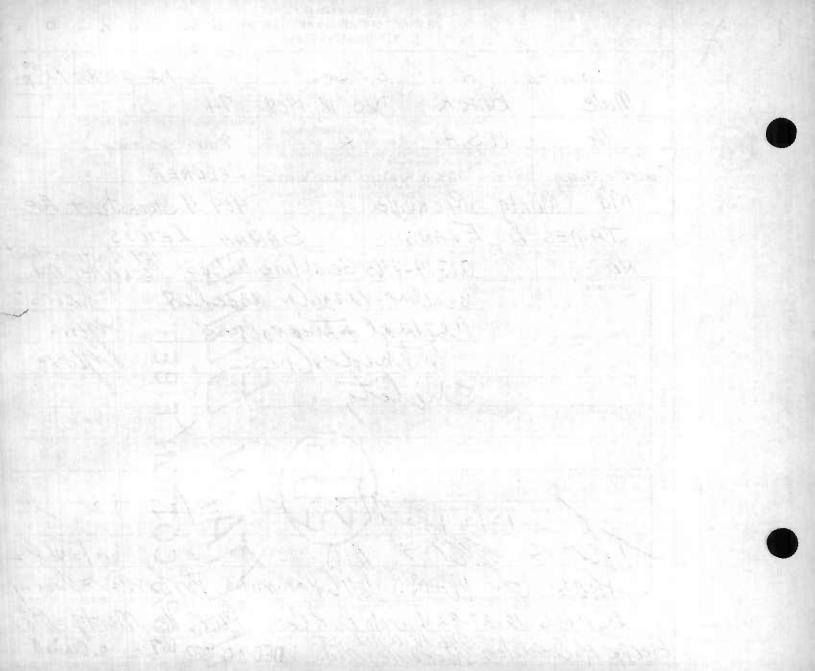
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12b. KIND OF BUSINESS OR

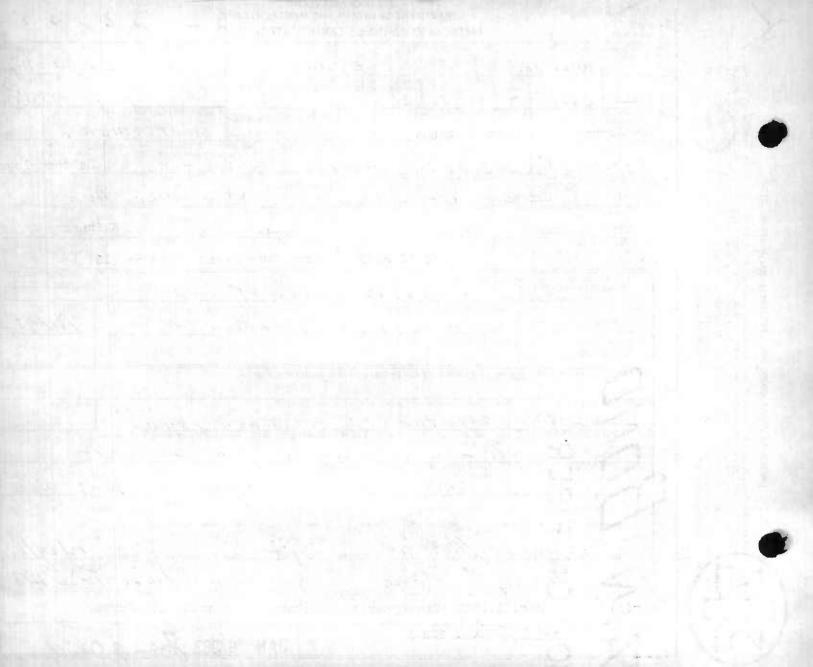
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				STATE OF N	ARYLAND			
1	FOR STATE				AND MENTAL H	YGIENE 2	3 2	5 6 5
	REGISTRAR		EDICAL EXAM	AINER'S C	ERTIFICATE		G. NO.	
	DECEASED NAME	FIRST	WIDDLE		LAST	20. DATE KNOV OF EST	MONTH	DAY YEAR 25 HOUR
	u	ILLIAM	P	EV	ANS	DEATH MATE	D 12	2919 82/10M
3. 9	EX 4 RA	S. DATE OF BIRT		(IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN PRONOUNCED	MONTH	DAY YEAR 2d. HOUR
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70	BIRTHPLACE (STATE OR	76. CITIZEN OF	WHAT COUNTRY?	8. MARRI	ED NEVER MARR	IED 4 P BALTIMORE	CITY OR COUNT	Y OF DEATH
V.	New Jersey	United	States	WIDOW			-60M6	RY MD
10	CITY OR TOWN OF DE		OSPITAL, NURSING H		ER INSTITUTION	120 USUAL OCCUPATIO FOR MOST OF WORKING LII		12b. KIND OF BUSINESS OR INDUSTRY
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	UAL RESIDENCE (IF IN N	URSING TOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE AD	MISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
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14.	FATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST
1	Harry	_	vans		Doris		Sk.	inner
160	WAS DECEASED EVE	R IN U.S. ARMED FORCES?	166. SOCIAL SEC	URITY NO.	17. INFORMANT	AD	DRESS	
	(YES NO, OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	157 38	8002	Harry Gu	nn Evans Sar	ne as #1	9
F	18 CAUSE OF DEA	TH (Enter only one cause per I	ine for (a), (b), and (c)	.)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PARTIDEATH	VAS CAUSED BY:  IMMEDIATE CAUSE (a)	CARDIO!		Brury	FAILURG		BETWEEN ONSET AND DEATH
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	Conditions, if		MULT	-IPLE	TRA	UMA		70145
	cause (o) stotin	g the under- DUE TO,	OR AS A CONSEQUE					
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NOTA CESTER ATION	19a. DATE OF OPER	ATION 196 CON	DITION FOR WHICH	OPERATION W	AS PERFORMED?		LUFT	20 AUTOPSY?
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. 8	210 EXTERNAL CAL	JSE WAS 216. TIME	OF INJURY	YEAR 21c. HO	OW INJURY OCCURRI	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	RT 2)
	UNDERLYING CONTRIBUTING	CAUSE OF DEATH 0100	M. / 2 221	982 S	INGLE	CAR A	uben	17
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236			23c. NAME O	F CEMETERY O	R CREMATORY	1238. LOCATION		
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24	FUNERAL DIRECTOR	Ives Funeral Arlington	Home 22201		, 250. DATE	REC'D. BY REGISTRAR [25]	REGISTRAR'S S	GNATURE
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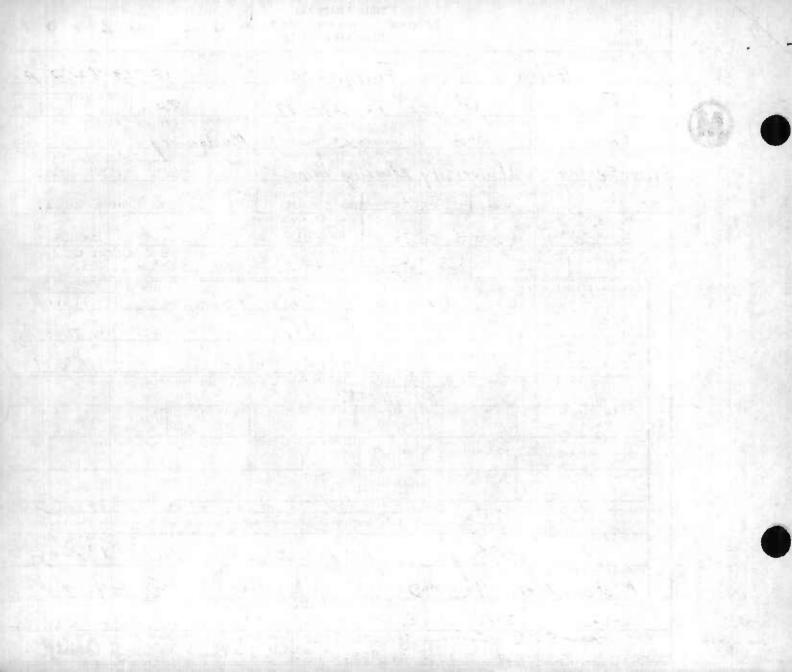
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C. EVSTER CLASSICE

275-22-423: JOSEPH EYSTER 104 WILLER AVE. NT. VERLOWOUTD

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. 1/	1			STAT	E OF MARYLAND		
15	1.	FOR - STATE REGISTRAR	D		ICATE OF DEATH	REG. NO.	3 2 5 6 /
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page page	3 SE		4. RACE	5. DATE (		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
-16		Female		ite /2		82 YE	
<b>488</b> 37		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH
The second has been been been been been been been bee	V	Penn	USA	WIDOWI	DIVORCED [	Montgemery	MD.
1 11 10	10. C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G</li> </ol>		OR OTHER INSTITUTION	12g. USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 5 50	5	ver Spring	Universit	1 1	ing Home	Housewife	Own Home
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 1120  NG PHYSICIAN: The law requires that the death certificate be executed within at home of the displaying physician.  After this certificate has been signed by the attending physician and completely illust in as the buriotismost permit. Then please remove corbon papers. Pages 1 and 2 shoutibe filth and Mental Hygiene prior to buriot, cremotion, ar removal.  The notation of the statement of the properties of	usu.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDEN	OF BEFORE ADMISSION		Lie expert appress	
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E C C C C C C C C C C C C C C C C C C C	16g V	VALLE EXECUTE IN U.S. AR		Neely AL SECURITY NO.	17 INFORMANT		Seddon Ct.
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n plec		PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
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ECON perior prior	S	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED
he le hos	Ē					YES TO NOT	RTIFYING CAUSES OF DEATH?  YES \( \bigcap  \text{NO} \( \bigcap \)
OF VITAL  Clan: The physicion of the phy	l e	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
SICIAN De phoronome par phoronome par phoronome proping in the part of the par		OR CONTRIBUTING CAUSE OF DEA		ITH DAY YEAR			
HYSI ding ding ding ding ding	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	,	21f LOCATION		
VISI	X	WHILE NCT HILL AT WORK	(AT HOME STREET, FACTORY	, OFFICE, FARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
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TEN TO OR S		and the standard and the	) 4 K 2	10 (1	nd that (my) (our) apinion	death occurred an the date and	hour and from the causes stated
OR AT OR AT DIRECT Sched (- Dept. a		abave (1) (we) (did), did no 22b. SIGNATURE	I view the body after deat		DEGREE		226, DATE SIGNED
			VX	1	1 PATTENDING	MEDICAL STAFF	13 Rec 6
A Table of A		22d. PHYSICIAN'S MAME (TYPE	fatient 1		22e ADDRESS	DIRECTOR PHYSICIAN	110
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TO HOSP TO FUNE should be with the S	05		ebowitz, /	10	11/1/10/10/17/	m 3, 7	00707
		BURIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP		Burial	12/17/82	Mt. Her	oron cemeter	MUpper Monto	clair Essex N.
DHMH-16 30M 2/80	24 FI	UNERAL DIRECTOR	Exum	INDIKE22	A TEO ILL	E REC'D. BY REGISTRAR P. REC	GISTRAR'S STC NATURE
(VRA 15, 4)	Wa	rner E. Pumph	nrey, Inc.	Sil. Sp	or., Md.	10 1205 Jan	was wanted



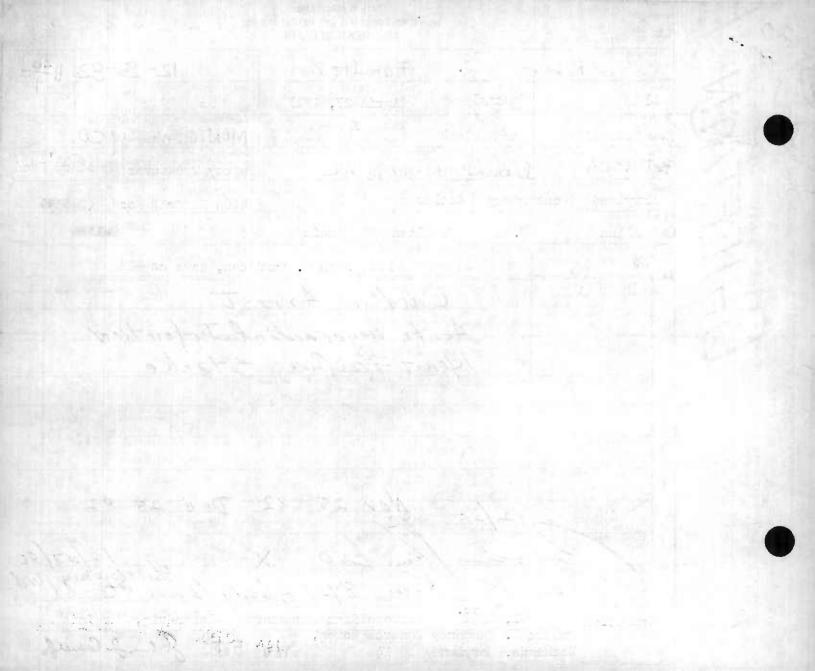
6	MLG	1.	FOR STATE			DEPA	RTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY	GIÈNE 8 2	3	2 5	6 8
1	of the of		REGISTRAR CEASED NAME ORPRINT) CL:	FIRST INTON		NMN)		AST DNER	2a. DATE OF DEATH  Decembe		AY YEAR 982	26 HOUR
	ye 4 moy be	3. SE	Male	4. F	RACE	0	5. DATE O	of BIRTH 431, DAY 941	6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER LYEAR	1:56 PM IF UNDER 24 HRS HOURS MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	filled in hould be	13a. S	lorida	36 COUNTY	ER INSTITUTION.	13c CITY OR 1 Miami		13d. INSIDE CITY LIMITS?	13e STREET ADDRE	west 471	th st	33127
MARYL	ompletely ond 2 sl	14. FA	THER'S NAME FIRST  unkno	MIDE DWN	DIE	LAST		15. MOTHER'S MAIDEN N.	a MIDDE		Sharpe	
rimore,	on ond co		VAS DECEASED EVER IT	U.S. ARMEI		265-43		Mr. Donovan		son)Mian	ni, F1.	
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ESTON	deoth ce attending ove carb tion, or r		Conditions, if any,		DUE TO, OF	nd upp	OUENCE OF er gast:	Hemorrhage - rointestinal	right hem	o thorax	days	
W. PR	thot the d by the eose rem ol, cremo		gove rise to imme couse (a), stating underlying couse			as a conse	OUENCE OF	eukemia			6 mor	ths
RDS, 20	en signed Then plant or to burin	NOI	PART 2. OTHER SIGNI	FICANT CON	vditions <u>cc</u>	NTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR C	ONDITION GIVE	N IN PART HO	
AL RECO	The low reticion.  te has been sit permit. giene prior	CERTIFICATION	19a DATE OF OPERATI	ON	196. CONDI	TION FOR WE	TICH OPERATIO	N WAS PERFORMED	YES X NO	IN CERTIFY	WERE FINDING CAUSES	
OF VIT	ding physici ding physici is certificate buriol-transi Mental Hyg or Item 18 sh		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF	NJURY IN ITEM 18. PA	RT 1 OR PART 2)	
IVISION	offendin offendin ter this of the build hond Me	MEDICAL	21d. INJURY OCCURRE	F $\square$	21e, PLACE ( (AT HOME STR	OF INJURY EET, FACTORY, OFF	FICE, FARM, ETC )	211 LOCATION STREET		RTOWN	COUNTY	STATE
	rytenbly spitol or CTOR: Al for use of Healt		22a.1 certify that Xi ( saw the deceased above, X) (we) (di	this hospital)  I ofive on De	ottended the	e deceased from 25 after death.	om <mark>Octobe</mark>	$\frac{1}{1}$ $\frac{14}{1}$ , 19.82 and that in ( $\frac{1}{1}$ ) (our) apinion	, to <b>Decem</b> a death occurred on th			
	ALOR A the hord ALDIRE detoched of Dept.		27E SIGNATURE	LS	der	,		DEGREE ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN	12c. DATE.	26/82
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BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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	1-	FOR STATE			DEPARTI		EALTH AND MENTAL HYC	GIENE 8 2	3	2 3	0 9
		REGISTRAR				CERTIF	ICATE OF DEATH	REC	. NO.		
		CEASED NAME	FIRST		MIDDLE	_	AST .	20 DATE OF DEAT	H MONTH	DAY YEAR	th HOUR
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	3. SE			RACE			OF BIRTH	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DATS	if UNDER 2 HIRS.
		Male		Caucasi	an	Apri	1 27, 1927	55	YRS.	MONTHS DATS	The same of the sa
kn		RTHPLACE (STATE OR FO	DREIGN 76	CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CIT	_		
11		v Zealand		New Zea	land	WIDOWE		MONTE			MD.
7		TY OR TOWN OF DEAT	TH 11	. NAME OF H	HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUP	ATION	116 KIND OF	BUSINESS OR
10	-	THESDA	. 12		J- WACL	OSPI	TAL	120 USUAL OCCUP (TYPE OF WORK FOR MC Deputy T	reasure	r Moneta	ry Fund
20	13a S	AL RESIDENCE (IF NURSINGTATE	13b COUNTY	1	134 CITY OR TOW	E ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRE			
50	N	Maryland	Montgo	omery	Bethesd	a	YES NO	4804 En:		oad (20	0814)
/	14 FA	THER'S NAME	MID	DDLE	LAST		15. MOTHER'S MAIDEN NA	ME		1167	
20		Allan	(	3.	Familt	on	Annië	Milot		Cullen	1
Ī	16a W	NO OR UNKNOWN)	N U.S. ARME		166 SOCIAL SECU		17 INFORMANT	AD	DRESS	11.	
/		No	(4 725, 0772 77	AN ON DATES	579-98-	-98-4231 Joan M. Familton, same as			ne as #:	13	
		18 CAUSE OF DEATH	Enter anly	one cause per	line far 1971, an	dic	1			APPROXIM BETWEEN OF	NATE INTERVAL
	5	PART I. DEATH WA	IMMEDIATE		Ca	1 dia	e Am	25L			Y 122104515
		4100		DUE TO, OI	R AS A CONSEOU	ENCE OF		1	^		
		Canditions, if any,	which	(b)_	Acut	e K	cua Cardi	al Tro-	taic7	tion	
		gave rise to imme cause (a), stating		DUE TO OF	R AS A CÓNSEOUE	ENCE OF 4	1	(	,		
		underlying cause	last	(c)_	/ year	1-1	rilure	5+2	rke		
	_	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART 110	
	CERTIFICATION										
5	ICAI	190 DATE OF OPERATION 196 CONDI			TION FOR WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
4	RTIF							YES NO		ES [	NO [
9		210. ACCIDENT WAS UNDE		21b. TIME O	FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18 P	PART I OR PART 2)	
1	MEDICAL	(IF EITHER NOTIFY MEDICA		P./		19					
	4EDI	21d. INJURY OCCURRE		21e PLACE (	OF INJURY EET, FACTORY, OFFICE, F	APM FIC )	211 LOCATION STREET	CITY O	RIOWN	COUNTY	STATE
	<	AT WORK NOT WHILE	LE .			11	2- 20				
		220.1 certify that (1) (		gttended he		NOV	23,19.02	, to	25	1982.11	hat (I) (we) last
	10.5	saw the deceased abave, (1) (we) (di	d olive on	riew the bady	after death.	82 for	d that in (my) (aur) apinian	death accurred an th	e date and hau	ir and from the co	auses stated
		22b. SIGNATU	1/		//	, [	DEGLEE			77t, DATE S	INED /
		//	20	in	-/4	-	PHYSICIAN )	MEDICAL S	STAFF (SICIAN []	12/	27/82
		THE HYSICIAN SMA	ME STYFE OFF	enst)	111		22e ADDRESS		Mais	thorabu	m 1. 1
1		045	00	_/<.	Kil	u	8921 <1	adu 1	rove	ct	1 und
	23a. B	URIAL, CREMATION, R	REMOVAL	23b. DATE DE	23c. h	VAME OF C	EMETERY OR CREMATORY	23d. JOCATION		4000	
		Cremation		31, 198	32 Me	tropo	litan Cremato	ry Alexa	indria,	Virgini	La
	24 FU	JNERAL DIRECTOR R	Robert	A. Pun	nphrey Fu	neral	Homes 250. DAT	E REC'D. BY REGISTE	AR S REGIST		
		В	Betheso	da, Mar	yland 2	0814	TON	51983	Ji cu	A lan	ugh



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b HOUR 30 82 FAULCONER 12 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR White 1911 71 Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXEVER MARRIED Montgomery U. S. A. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Washington Adventist Hosp Butchering Meat Cutter 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 7502 Holly Avenue 20092 MontgomeryTakoma Pk. YES X IS MOTHER'S MAIDEN NAME Quann Nellie Faulconer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 7502 Holly Ave. CIEVES GIVE WAR OR DATEST 229-07-7677 Lorelle H. FaulconerTakoma Park, Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 6 MO

CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCENOMA OF LUNG DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION ARTERIOSCLEROTIC HEART DISEASE 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY?

220 I certify that (I) (the homestal) attended the deceased from\_ sow the deceased alive on 30 NOVEMBER 19 82 above, (1) (we) (did) (did not) view the body after death.

DEGREE

21f LOCATION

ATTENDING MEDICAL PHYSICIAN V DIRECTOR PHYSICIAN 224 DATE SIGNED

NO F

STATE

QUINNAM

230 BURIAL, CREMATION, REMOVAL

218 ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

AT WORK NOT WHILE

OR CONTRIBUTING CAUSE OF DEATH I IF EITHER NOTIFY MEDICAL EXAMINER

HOUR A.M. MONTH DAY YEAR

AT HOME STREET, FACTORY OFFICE FARM, ETC )

11120 NEW HAMPSHIRE AVE. , SILVER SPRING, MP

IN CERTIFYING CAUSES OF DEATH?

COUNTY

YES

Burial

- STATE

3 SEX

Md 4. FATHER'S NAME

I. DECEASED NAME

REGISTRAR

Male BIRTHPLACE ISTATE OR FOREIGN

Virginia

10 CITY OR TOWN OF DEATH

Takoma Park

FIRST

LYES NO OR UNKNOWN)

William

FAUL CONTRELMER

13b COUNTY

12/4/82

236. DATE

231 NAME OF CEMETERY OR CREMATORY Parklawn Cemetery

Rockville, Maryland

00

P. O. Box 7428 Inc. Sil. Spr., Md. Pumphrev.

21h TIME OF INJURY

P.M

21e PLACE OF INJURY

NO

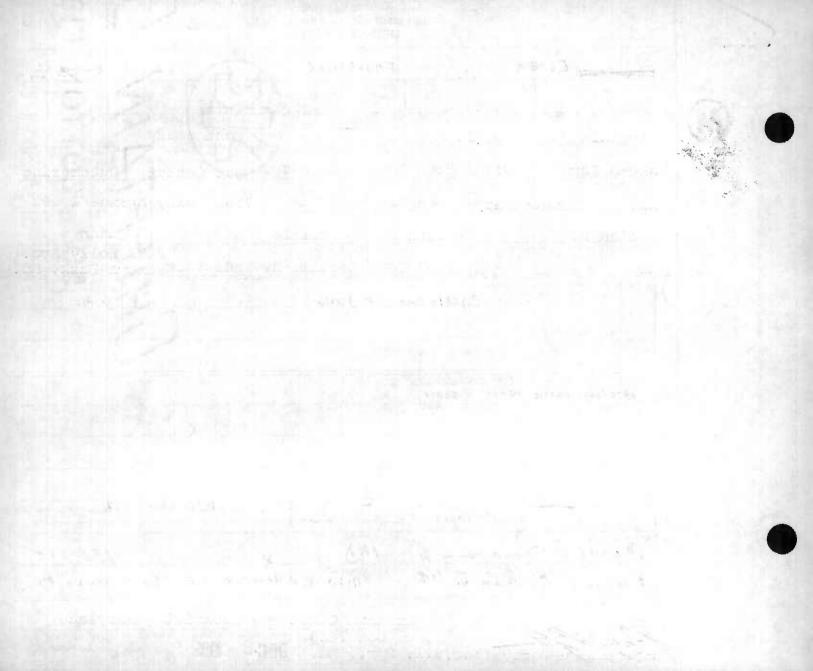
and that in (my) form opinion death occurred on the date and hour and from the causes stated

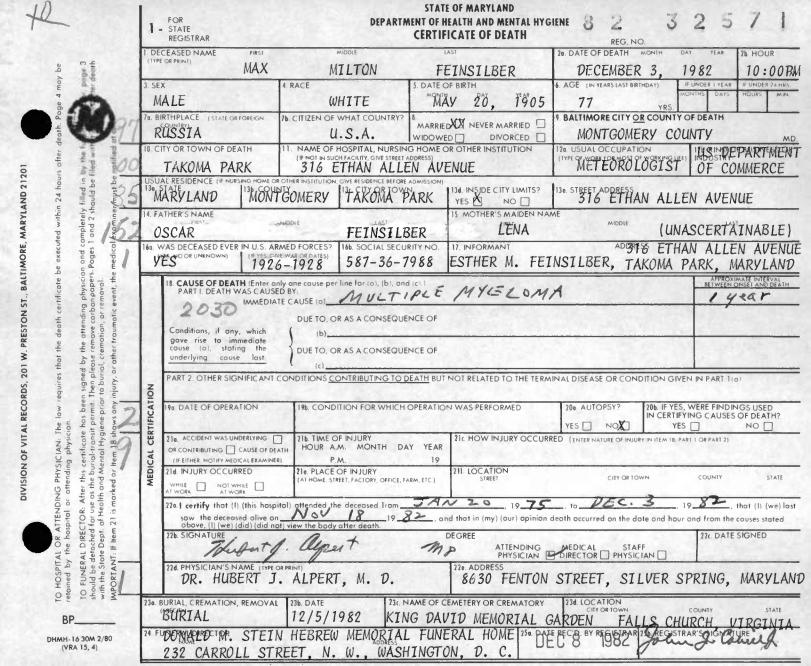
CITY OF TOWN

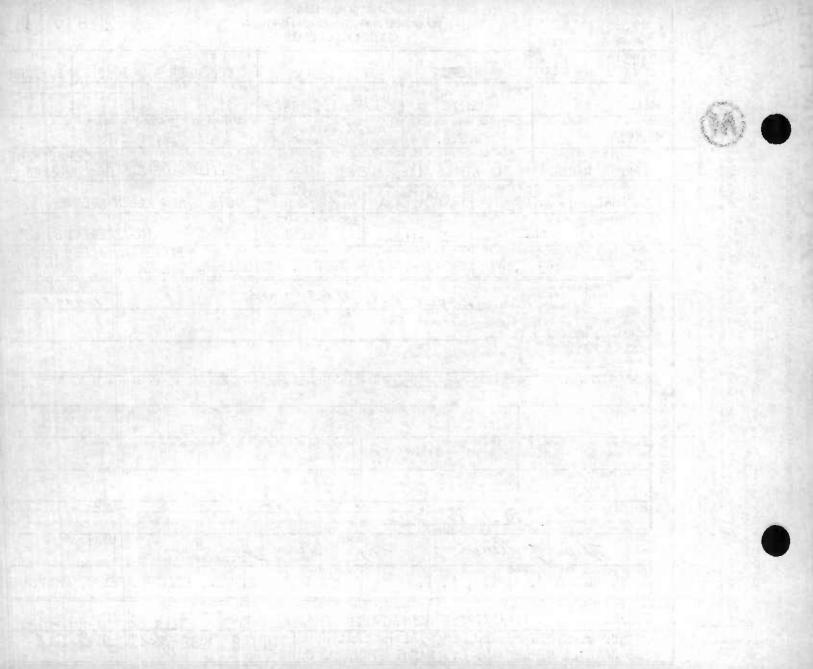
DECEMBER

211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

DHMH - 16 50M 1/BI (VRA 15, 4)







15		FOR		DEPARTMENT OF HEALTH	AND MENTAL HYGIE	ENER 9	2572
10		STATE REGISTRAR	MI	DICAL EXAMINER'S	CERTIFICATE OF DE	ATH REG. NO.	lo 0 1 60
		CEASED NAME	FIRST	MIDDLE	LAST		ONTH DAY YEAR 126. HOUR
51 oc. 41 20 H	(1146	E OR PRINT)	6, 1, 0	N. F1	tcher	OF ESTI-	7cc 910 82 / 11
20100	3 SE)	4 RACE			NDER 1 YR. IF UNDER 24 HR		ONTH DAY YEAR 24 HOUR
<b>在图框</b> 2		MIL	MONTH DAY	YEAR LAST BIRTHDAY) MONT	HS DAYS HOURS MIN	PRONOUNCED DE C	1/ 10 82 RIM
\$25E / 1		RTHPLACE (STATE OR	76 CITIZEN OF V	HAT COUNTRY2		9. BALTIMORE CITY OR CO	
の最高量の1	FC	REIGH COUNTRY) Tillinois	117		VED NEVER MARRIED L	Man	De omerumo.
Zanas —	10. CI	TY OR TOWN OF DEA		SPITAL, NURSING HOME, OR OTH	ER INSTITUTION 120 L	ISUAL OCCUPATION (TYPE OF W	U/ IMU.
ELAY IS O THE PAGE S FILED		Da Lui	JE NOT IN SUCH	S Mun CZ		or most of working life) vil Engineer	70 1 1 0 0
_ 0 N Z 0 R		L RESIDENCE (IF IN NUR	ISING HOME OR OTHER INSTITUTION,	GIVE RESIDENCE BEFORE ADMISSION)			Bechtel Corp.
21201 ANY DELA AND 3 TO RETAIN PHOULD BE PRECORDS	13a. S	TATE	136 COUNTY	Derword	YES NO EN 13e S	TREE ADDRESS M WI	a conterRI.
S PARTE S	IA F	THER'S NAME	- CON CHO!	1000000	15. MOTHER'S MAIDEN NAM		C-00 C-1180
# F-884 W		FIRST	WIDDIE	LAST			LAST
808		VAS DECEASED EVER	IN U.S. ARMED FORCES?	Fletcher 166. SOCIAL SECURITY NO.	Annie	Laurie	Nelson
MT FEE SES	{Y	Yes	(IF YES, GIVE WAR OR DATES)			303 Wandfrent	
RS AFTER COVE PARTER FOR PAGES DIVISION			WWII	532-18-3448	Phyllis Webb	Greenville,S	S.C. 29605
ST. SURVEY WITT.		PART I DEATH W	H (Enter anly ane cause per lin AS CAUSED BY:	e for (a), (b), and (c).)	1.21.00	1. 1/7:	BETWEEN ONSET AND DEATH
VALUE ON VAL	100	4791	IMMEDIATE CAUSE (a)	Y CUCE	NYOCZY	915101	
MATA EST		Conditions, if a		R AS A CONSEQUENCE OF	111.000	dilh:	c Yes
MER PER PER PER PER PER PER PER PER PER P	10	gave rise to	immediate (b)	- NVONIC/	1000 CI	valal Pio	v / / v .
ZOI W DIED V EXAM EXAM DIN O		couse (a) stating lying cause lost.	the under DUE TO, O	R AS A CONSEQUENCE OF			
			(c)				
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECUTED THE WORD "PENDING" RED TO THE CHEF MEDICAL, R 3 SHOULD BE USED AS A BUILD SEEDENARY OF HEALTH AND TO PRICE TO BUILDIAL.	7	PART 2 DINER SIGNIFICANT	SONDITIONS CONTRIBUTING TO DEAT	N BUT NOT RELATED TO THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PART 1 (a).		
- CALASER EC	CERTIFICATION						
C MARKET DOOR	CA	190. DATE OF OPERA	196. COND	ITION FOR WHICH OPERATION W	VAS PERFORMED?		20 AUTOPSY?
* * * * * * * * * * * * * * * * * * *	TE.	210 EXTERNAL CAUS	EWAS 216 TIME C	To the state of th			YES NO
VISION OF V CRITIFICATE S TING THE WC ED TO THE (ED TO ED T		UNDERLYING CAUS	LICIUD A	M. MONTH DAY YEAR	OW INJURY OCCURRED (ENT	TER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
ISION ING THE ING THE ISHOICE PRIOR	MEDICAL	CONTRIBUTING	AUSE OF DEATH P.				
SE 38	8	21d INJURY OCCURR			OCATION STREET	CITY OR TOWN	COUNTY STATE
PHS C WRDI WARD WARD A A G E	~	AT WORK AT W	ORK -				
DAY DAY DAY DAY DAY		220   certify that	taok charge of the remains de	escribed above, held an Autop	osy , Inspection	Inquiry , and in	my apinian
M C T S T S		death resulted fram	Natural causes	Accident , Suicide	, Homicide . Und	determined manner .	
EXA CERT OLID : OLID : WARN		1		>	TITLE (SPECIFY)		
TANGAL.		SIGNATURE	EPL	asace A	Dep, M	EDICAL EXAMINER S	DATE Dec 1/1989
SE THE THE SE			2 - 2				1
TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE A SHOULD BE TO FUNERAL DIRECTO APTER DEATH WITH THE BALTIMORE, MARKVA	1-	(TYPE OR PRINT)	John S. Roge	rs, M.D. & Dep.	ADDRESS 1919 Sem	inary Rd., Sil	Lver Spring, Md.
524544	23a B	URIAL, CREMATION, RI	EMOVAL 236 DATE	23c. NAME OF CEMETERY C	OR CREMATORY 23d.	LOCATION ITY OR TOWN	COUNTY STATE
BP	1	Burial	12/15/18	2 Parklawn Cem	etery R	ockville Mon	tgomery Md.
DHMH - 17		MINERAL DIRECTOR	Sanleri 316	E. Diamond Aver	25a. DATE REC'D.	BY REGISTRAR 136 REGISTRA	AR'S SIGNATURE
(VR A15 ME (5))		rtner Sand		ithersburg.Md.20		3 1982 Jan	& Cancel
20M 4/82						A	

previous allows . S.S. part , D. E. eff (particular to the Control of THE CONTRO

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) 3416 Texas Avenue SE Waters #13 Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11a 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that if (my) our) opinion death occurred on the date and have and from the causes stated 22c. DATE SIGNED 24 FUNERAL ROBERT E. Wilhelm 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Suitland, Md Funeral Home Inc (VRA 15, 4)

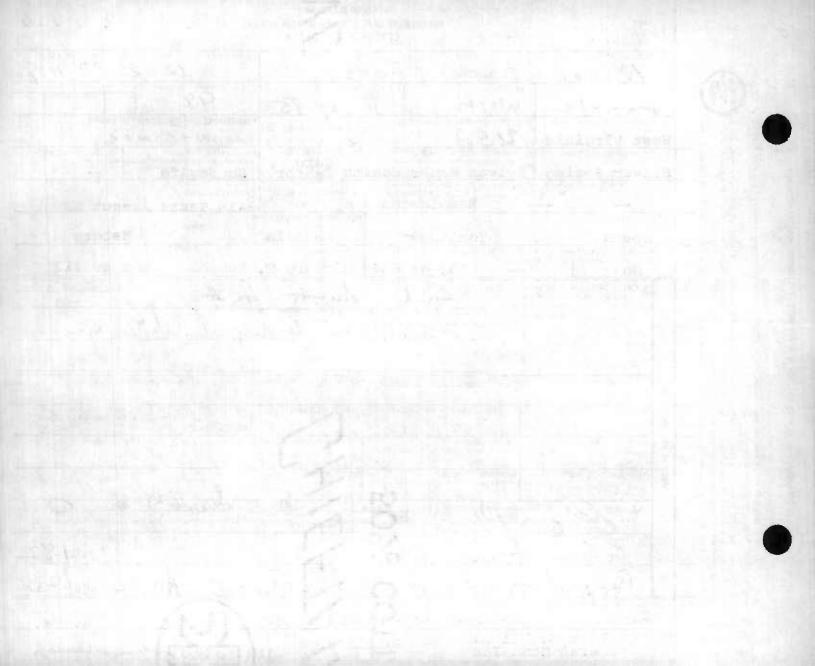
STATE OF MARYLAND

2b HOUR

IF UNDER 1 YEAR

MONTHS DATS

DHMH - 16 50M 4/82



- STATE

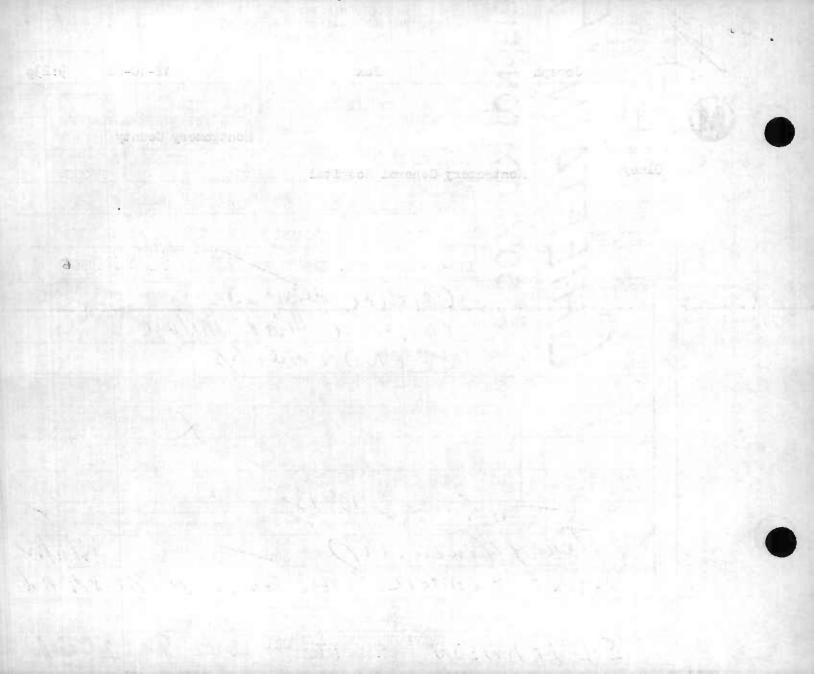
REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH 2b HOUR 9:23p 12-10-82 & AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 82 BALTIMORE CITY OR COUNTY OF DEATH Montgomery County 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY **GROCER** FOODS 13e STREET ADDRESS 2604 BEL PRE RD. #20906 15. MOTHER'S MAIDEN NAME MIDDLE UNKNOWN MR. IRWOOD FOX 2604 BEL PRE RD. (2090) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F 216 HOW INJURY OCCURRED (ENTER NATUR OF INJURY IN ITEM 18, PART 1 OR PART 2) \_\_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED PHYSICIAN T DIRECTOR PHYSICIAN 230 NAME OF CEMETERY PREPERTATION 23d LOCATION ITY OR TOWN 12/12/82 ANSHE EMUNAH CEM MARYLAND BALTIMORE BALTIMORE, MARYLAND BY PARE REC'D. BY

IN SON & BROS., INC (21215

DHMH - 16 50M 1/B1 (VRA 15, 4)



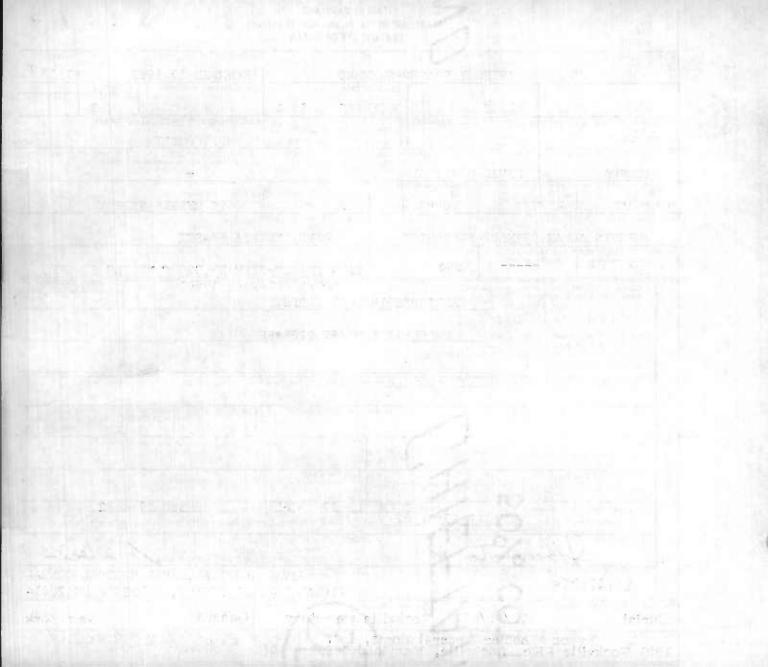
FOR

- STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 34 hours attended to the form be	
etoined by the hospital or attending physicion.	
TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely illed in the time of the state of	
should be defoched for use as the Duriol-Honsit permit. Then please remove carbon papers, rages 1 and 2 should be the Dept. of Health and Mental Hygiene prior to buriol, crematian, ar remayal.	
IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other traumatic event, the medical examiner non-based the dutions	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2b. HOUR TYPE OR PRINT) AMUR MONTH 9. BALTIMORE CITY OR COUNTY OF DEATH ( STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED montanuas. WIDOWED DIVORCED Shoe? HORE TIMER HEBREW HOME OF GREATER WASHINGTON KetAL JOUAL RESIDENCE HE NURSING HO 13e. STREET ADDRESS 3156 NORTH 18th STREET 13a STATE 13d INSIDE CITY LIMITS? ARLINGTON ARLINGTON VIRGINIA YES X NO F 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE (UNASCERTAINABLE) FRIEDMAN ESTHER TOEL ADDRESS 2901 ROGERS DRIVE 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO DR. SHOLOM H. FRIEDMAN, FALLS CHURCH. VA. NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID Whiche Conditions, if ony, which gave rise to immediate couse (0), stoting the DUF TO, OR AS A CONSEQUENCE OF underlying cause last CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART 2 OTHER SIGNIFICANT CONDITIONS

21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY

IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

AT HOME STREET, FACTORY OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. sow the deceased alive an-

above, (1) (we) (did) (did not) view the body after death

CITY OF TOWN COUNTY

190 DATE OF OPERATION

MD

21f. LOCATION

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED 12.1.89

20b IF YES, WERE FINDINGS USED

NO [

STATE

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

22e. ADDRESS montrose Rock ville Mi

23g BURIAL CREMATION REMOVAL BURTAL

77h SIGNATURE

WHILE

23b. DATE

BALTIMORE, BALTIMORE,

CERTIFICAT

DONAY DEMOR STEIN HEBREW MEMORIAL FUNERAL HOME 232 CARROLL STREET, N. W., WASHINGTON, D. C.

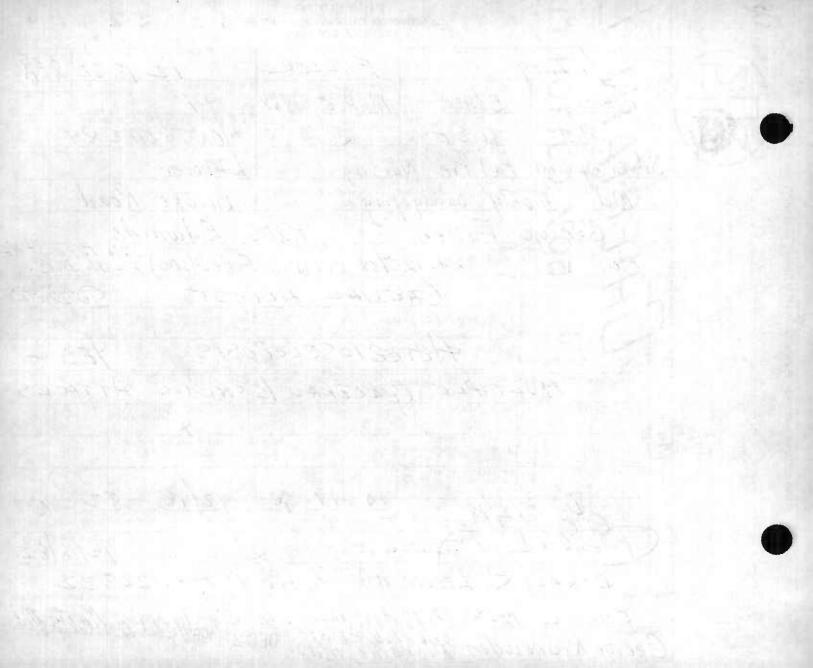
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DEC

DHMH - 16 50M 1/BI (VRA 15, 4)

TELLS OF SERVICE THE TOTAL SERVICE SER

X	12 copies		em #16a Film G			E OF MARTLAND IEALTH AND MENTAL HYG	GIENES 2	3 2 5	71	
12	- inex 1 008	'	STATE REGISTRAR			ICATE OF DEATH	REG. N	0.		
	12/28/83		CEASED NAME FIRST OR PRINT)	MIDDLE		AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR			
	1100		Geor			eilicher	December 10, 1982 / 30			
	(84)	3. SE.		4 RACE	S. DATE	h 7, 1911	6 AGE (IN YEARS LAST BIRT		YEAR IF UNDER 24 HRS	
		-	RTHPLACE ISTATE OR FOREIGN	WHITE  76 CITIZEN OF WHAT COUNTR	V2 1		9 BALTIMORE CITY C	YRS. PR COUNTY OF DEAT	H	
	# 152 19	0	cooklyn. N.Y.	II C A	MARRIE	D NEVER MARRIED	MONTGOMER			
	8 55 HAT		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTI- (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  8813 Sundale Drive			120 USUAL OCCUPAT	ION 126 KIN	MD.	
5	1 11 100	S	ilver Spring				Store Owne		oting Gds.	
2120	1 57 AD	USU		R OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION	113d. INSIDE CITY LIMITS?	13e STREET ADDRESS		001113 0001	
AND	7 48 DD				Spring	YES XX NO 🗆	8813 Sunda	le Dr. (2	0910)	
RYL	within defety and 2 sh		ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA	WE		IAST	
W.	e e o		ARUCH  S DECEASED EVER IN U.S. AR	FREILICH		FANNY 17 INFORMANT	ADDR	RAPPAPO	IRT	
ORE	ond co			'E WAR OR DATES)		The state of the s		Silver Spr	ing, Md.	
NET.	cion cion file m	-		W • 1219-05-		Theresa M. F	rellicher:8	813 Sunda I	PROXIMATE INTERVAL VEEN ONSET AND DEATH	
8	physicot pop movo went,		PART I. DEATH WAS CAUSE	ED BY:	DAUA	red PATK	cinson's a	15ecsp	3 YEARS	
IS N	ding or record		3320	TE CAUSE (o)						
ESTC	deoth control of the		Conditions, if any, which	( (b)	JOENCE OF					
Y. P.R	by the osseremo		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF					
5	thot desertion, c		underlying cause last.	( (c)						
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 21201	equires n signe Then p to bur injury,	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	RT Hot	
S	been been prior ony ir	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI	INDINGS USED	
AL RE	he loon.	Ī					YES NO	IN CERTIFYING CAL	NO [	
VII.	SICIAN: The opposition of physicion certificate I certificate I certificate I certificate I Hygie entol Hygie I sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	LITHOUGH A AA ALCOHITH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PAR	rt 2)	
Ö		MEDICAL	( IF EITHER, NOTIFY MEDICAL EXAMINER	) P.M.	19					
ISIO		MED	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY	Y STATE	
5	or off After After norke		AT WORK - AT WORK	ital) attended the deceased from		INS 1074	to Dec	10 10 87	that (1) (we) lost	
	ATTEND ospitol o CCTOR: /		sow the deceased alive an	Dec a 19	12	nd that in (my) (our) opinion	, 10		- Marie	
	a de de e		226. SIGNATUR	at) view the body after death.		DEGREE		22c. C	DATE SIGNED	
	, <u>e</u> , <u>o</u> , <u>a</u>		Willie	ugge	M	ATTENDING PHYSICIAN	MEDICAL STA	FF IAN []	2/10/82	
	- 0 111 0 -		THE PHYSICIAN SHAME THE	. 11 11	/	22e ADDRESS				
	TO HOSPITAL retained by 1 TO FUNERAL should be de- with the Store IMPORTANT:		Donalo	1.A. O'Keff	1	1	Wisconsil	n ave ci	ruy (hase	
	7 5 1 8 7 3		BURIAL, CRÉMATION, REMOVAL SPECIE) Un 1a 1			emetery or crematory vid Mem. Gdn.	Fall Cocation	ırch;Fajirfa	Y · Va STATE	
	DHAAH. 16 60ss 1 /72	_		NSKY-GOLDBERG	_			A REGISTRAR SIG		
	DHMH-16 60M 1/73 (VR A 15 (4))			NSKY-GULDBERG Pike: Rockville			1 4 1962	Johnson	mary.	
		1	TAO KOCKALLIE I	IKE; KUCKVIITE	, I'IU . I	-0032				

2	1		STATE OF MARY	LAND	no.	A . ~1	0
0	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND CERTIFICATE OF		2 S	201	Q
e €	1. DE	CEASED NAME FIRST	MIDDLE	20. DATE O		DAY YEAR 26 H	OUR 5
nay be page 3	3. SE	X (L. RAC	5 DATE OF BIRTH	A AGE (IN)	/2 /	18 82 8	OER 24 HRS
tor.		MALE	Black MAR. 5	1888	94 YRS.	MONTHS DAYS HOUR	
ecth.		IRTHPLACE (STATE OF FOREIGN 76. CIT	1154	MARRIED 9 BALTIMO	ATTE ON	OFDEATH	MD.
offee	10.8	TY PR TOWN OF DEATH 11. N.		STITUTION 120 USUAL	OCCUPATION  EX OR MOST OF WORKING LIF	126 KIND OF BUSI	
t hours d'se line d'se line	USU 13a	AL RESIDENCE (I NURSING H. W. THER IN STATE 13b 1417	13 CITY OR TOWN . 134 INSIDE	. 1	DOVEY ADDRESS/	0 1	
within 24	14. F	ATHER'S NAME	9 Jandy Spring YES 15 MOTHER	NO D B	rooke 1	oad	
omplete ond 2		FIRST George MIDDLE	Fuller	Katie L	Edward	15 LAST	c/ .
be execu	16a \	VAS DECEASED EVER IN U.S. ARMED FO YES, NO O UNKNOWN) (IF YES, GIVE WAR OI	ORCES? 166 SOCIAL SECURITY NO. 17. INFORM (DATES) 214-12-7608 BOIL	Namin Fulle	NON in	271 Tena.	STAL
that the death certificate d by the ottending physici lease remave carbon paper ial, cremotion, ar emoval. or other traumatic event, th		Conditions, if ony, which gove rise to immediate		Alles CLELOSI	5	APPROVIDATE IN BELLETIN CHIEFA SUPPLIANTA SU	TERVAI ND DEATH
equires n signe Then p rta bur injury,	NOI	PART 2 OTHER SIGNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH BUT NOT RELATE		E OR CONDITION GIV	HTTAC	KS
has bee has been prior	CERTIFICATION	19a DATE OF OPERATION 19	CONDITION FOR WHICH OPERATION WAS PERFO	ORMED 200 AUTO	IN CERTIF	S, WERE FINDINGS US FYING CAUSES OF DE	ATH?
YSICIAN The	1	OR CONTRIBUTING CAUSE OF DEATH	OUR A.M. MONTH DAY YEAR	NJURY OCCURRED (ENTER NA	9-4		
I G E D C	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  (A	P.M. 19  PLACE OF INJURY HOME STREET FACTORY, OFFICE, FARM, ETC.)  211. LOCATI STREE	ION	em Aann	COUNTY	STATE
OING P or after After the e os the alth onc	2	AT WORL THE WORL THE	10 19	20 1	110	02,	
He He		220.1 certify that of this hospital) att	118 09 10	our) opinion death accurre	d on the date and hou	r and from the couses	stoted
OR ATT or hospin DIRECTO oched for Dept. of	(	m sundant at	DEGREE	ATTENDING MEDICAL	CTAFE	221. DATE SIGNE	10.
HALL BY THE RALL STOTE GET ALL NOTE		226. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRE	ATTENDING MEDICAL PHYSICIAN DIRECTOR	PHYSICIAN [	12/18/	82.
TO HOSPITA etoined by TO FUNERA should be do with the Sto		DONALDA	LEWISHD O	LHEY,	Mat 21	0832	
BP		BURIAL, CREMATION, REMOVAL 23b.	DATE 22-82 PARE OF CEMETERY OR	CREMATORY 23d LOCA	ATION CAN'S	COUNTY	mi
DHMH - 16 50M 1/81	24 F	NERAL DIRECTOR	1 2Hb N. WASh.S	T 250 AATERECO & R	198 PAR DE STOREGE	2 de Carlos	E let
(VRA 15, 4)	16	eorge N. Jnoll	den Prakville m	1. 00000	1	200	



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	1 00	REGISTRAR		-000-		CENTI			REG. N			
		CEASED NAME E OR PRINTI	reder	ick	FRA	NK G	alensk	S. S.	DATE OF DEATH	12-5	X -82 26	HOURZO
	3 SE			ACE		S. DATE	OF BIRTH		GE (IN YEARS LAST BE		IF UNDER LYEAR IF	UNDER 24 HRS
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2		IRTHPLACE (STATE ORF		U.S.A.	HAT COUNT	RY? 8 MARRIE WIDOW	ED NEVER MARRIE	ED L	ALTIMORE CITY O	- 1	MEY L	l Mr
R		ITY OR TOWN OF DEA					OR OTHER INSTITUTION	DN Re	ST WORLD MOST	ION OF WORKING LIFE	126 KND DE 8	SINESS OR
9	1	AL RESIDENCE (IF NURSI	_			-		Bu1	lding Co	ntract	or -mpi	oyed
5	Me	d. 20737	Georg	17	Riverd	ale	YES NO [	AITS?   13e	802 Long	fellow	Street	
D	14 FA	Walter	MIDD	.E	Gale	nski	15 MOTHER'S MAID	DENNAME	WIDDLE		Zaleaski	
	léa V	WAS DECEASED EVER	U.S. ARMED	0000-150	66. SOCIAL S 048 10	2514	17 INFORMANT Bertha Ga	lenski	Same a		(Wife)	
	NOI	Conditions, if ony, gave rise to imm cause io, stating underlying cause	lediote g the last.	DUE TO, OR A	AS A CONSE	QUENCE OF	of the po	HE TERMINAL		DITION GIVE	N IN PART IIa	
ζ	CERTIFICATION	19a. DATE OF OPERAT	Юн	19b. CONDIT	ON FOR WH	ICH OPERATIO	DN WAS PERFORMED		a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDINGS ING CAUSES OF	DEATH?
1		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	21b. TIME OF HOUR A.M. P.M.		DAY YEAR	21c HOW INJURY (	OCCURRED (	ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
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		270.1 certify that (1) sow the decease obove. If (we) (d 27b. SIGNATORE	(this hospital) of d olive on id) (did no)) vie	12/7	/	fir a	nd that in (aur) o	DING	occurred on the d	FF		
		22d. PHYSICIAN'S NA	ME (TYPE OR PRIN		mo		22e ADDRESS	andolph	R.J.	Packi. 1	le m.	
		BURIAL, CREMATION, I		12/11/8			EMETERY OR CREMA		S. Dear f	ield F	ranklin	Mass
		rancis Gase			eral H	ome, P.	A. 1	DEC	D. BY REGISTRAR 1 3 1982	20 EGISTR	AR'S SIGNOTURE	inf

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Eurial 12/11/82 St. Stanishus Cen. S. Carfield Faultin Lass.
Francis (asch's Sans Puncral Home, 1.1.

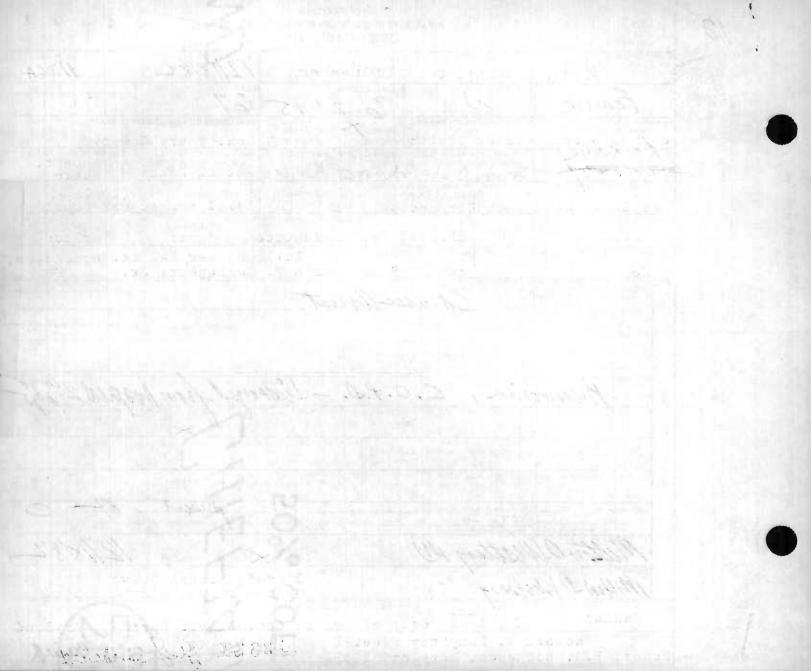
[Vettsville, Maryland

Homes, P.A. Bethesda, Maryland 20814

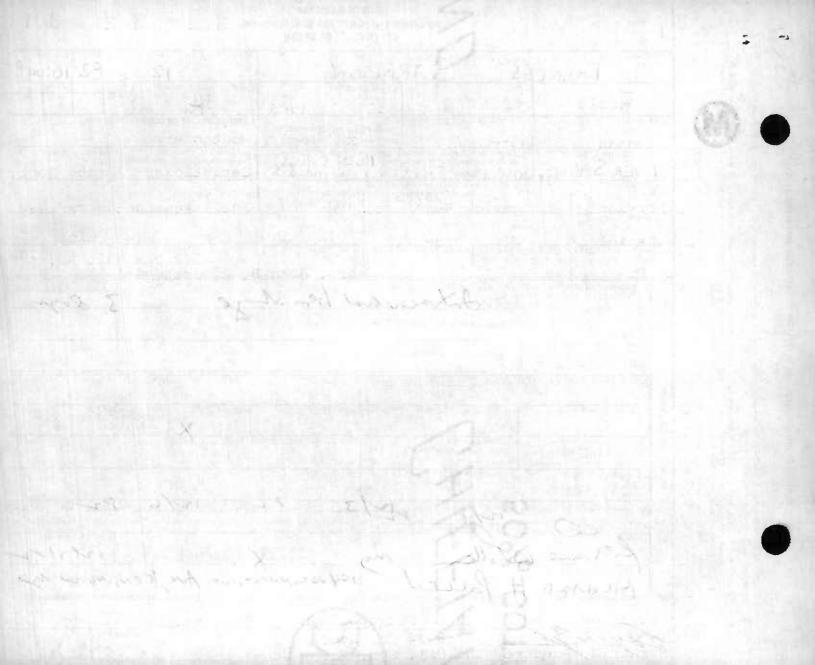
STATE OF MARYLAND

FOR

(VRA 15, 4)



2	1.	STATE REGISTRAR	0		ICATE OF DEATH	REG. N	0.	4 3	0 1
y be leath		CEASED NAME FIRST ( FRANCE	Carey Caugh	1 in RRIS	6 N	20 DATE OF DEATH	12 6	00	10:04 R
ge 4 may	3. SE		white	S. DATE C		6. AGE IN YEARS LAST BIR	MON!		F UNDER 24 HRS
a distance		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF	DEATH	
1 255		Kansas	American	WIDOWE		Montgome	ry		MD
s offer e		LVER SPRING	11. NAME OF HOSPITAL, I	NURSING HOME P VESTREET ADDRESS)	ROTHER INSTITUTION OLY CROSS EN Rd. S.S.	12a USUAL OCCUPATE ITYPE OF WORK FOR MOST OF Satistic	F WORKING LIFE)	NDUSTRY	Business or Dept
thin 24 hour sty filled in should be in should be in the flust be	13a.	AL RESIDENCE IF NURSING HOME OF STATE 136 COULD	NTY 13t. CITY	CE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			
= 20 E		ATHER'S NAME	-	AST.	15. MOTHER'S MAIDEN NA	AWE	usinge	UII Pa	rkway
1 / 50	1	Daniel		ghlin	FIRST TO THE PERSON THE	May		Smit	h
Pages 1	16a \	WAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN)   18 YES, GIT	MED FORCES? 166. SOCIA	AT SECURITY NO.	Margaret 17 INFORMANT	ADDRE 242	Chena	ult R	d4050
75. P		NO			Mrs. John	B. Robert	s Lexi	ngton	KY. ITÉ INTERVAL SET AND DEATH
inot the death certified by the ottending phy lease remove carbon point, cremation, ar remove or other troumatic event		PART I. DE ATH WAS CAUSE	DUE TO, OR AS A COM	MSEQUENCE OF	al brown	7		3 8	ngr
equires in signed. Then ple	NOI	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN I	N PART 1(a	
t permit t permit iene prio	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WE IN CERTIFYING	G CAUSES O	
certificate rical-transi ental Hygi hem 18 sh		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE-	HOUR A.M. MONT	TH DAY YEAR	216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART I	OR PART 2)	
fter this as the but th and M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
Spital ar			ital) offended the deceased	_19	d that in (my) (our) opinion	death occurred an the do	ate and hour and		
RAL DIRE detached fore Dept		Litterne	stelle.	no	ATTENDING PHYSICIAN [	MEDICAL STAI		121 DATE SI	フ/アン
to Hospital etained by the should be det with the State		PHYSICIAN'S NAME (TYPE OF	H. Pour	EN /		CTILLY AM	e, kens	W6 no	no
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) Cemation	12-8-82		emetery or crematory politan	23d LOCATION CITY OF TOWN Alexand:		VINU	STATE
NH - 16 50M 4/82 (VRA 15, 4)	-1/	rner E Pump		434 Ga. il. Spr		TE REC'D. BY REGISTRAR	256 REGISTRAR	S. SIGNATUR	ill



3	2	

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME Helen Geary MIDDLE 20. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) 2 (DEARY 82 :30 M HELEN 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS HINOM DATS emaL. a. BIRTHPLACE ASTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED NEVER MARRIED MONTGOMERY WIDOWED DIVORCED IR CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY WHEATON NURSING NIVERSITY SEAMSTRESS USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) hington, 186 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 215 Emerson St. N.W. NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE JOHN GEARY MART DONNELL 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) 7085 Mrs. F.J. Duane 343 S. 06 10 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)... DUE TO, OR AS A CONSEQUENCE OF 8 YEARS Conditions, if ony, which SCVD gove rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF YEARS underlying cause last. BS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES T NO T 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION COUNTY STATE CITY OF TOWN AT HOME STREET, FACTORY, OFFICE, FARM, ETC I NOT WHILE WHILE AT WORK 11241 22a 1 certify that (1) (this hospital) attended the deceased from\_ saw the deceased alive an\_ / 2 1 82 19\_ \_\_\_\_, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (1) (we) (did) (did not) view the bady after death DEGREE 22c DATE SIGNED ATTENDING MEDICAL IMPORTANT PHYSICIAN DIRECTOR PHYSICIAN 27d. PHYSICIAN'S NAME (TYPE OR PROJE 22e ADDRESS 230 WALTER SMOREFIELD 4500c) WHEATOR Md MID 73d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE Silver Spring, (SPECIFY) 982 Gate of Heaven Buria] Dec. 6.

Wash. D.C. 20016

DEC 9

Taltavull

4748 Wisc. Ave. N.W.

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

7189 with the Smerton billion it. The rate of the second of the same of the second of the U.Mystle! .W. 4742 Wisc. Ave. 1.W. Wash D. C. 20016 TUEF AVE. 6VA . 581W 2474

1.	FOR		STATE OF DEPARTMENT OF HEAL	F MARYLAND TH AND MENTAL H	IYGIENE .	7 2 5 8	
	- STATE REGISTRAREVELYN S.  DECEASED NAME FIRST	GibbonME	DICAL EXAMINER'S	CERTIFICATE O	PERTH REG. N		IN HOUR
(1	TYPE OR PRINT)	7	5. G	euoddi	OF ESTI-	15 8 18 85	HOUR A M
Ti Ti	ex. 4. RACE	5. DATE OF BIRTH	YEAR 6. AGE (IN YEARS IF LAST BIRTHDAY) MC	UNDER I YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR	2d HOUR
3 70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF W		RRIED NEVER MARRI	ED D MON-	TSO MEC	, MD.
CBe	city or town of death thesda	11. NAME OF HOS	SPITAL, NURSING HOME, OR C ACILITY, GIVE STREET ADDRESS! AN HOSPITAL	THER INSTITUTION	FOR MOST OF WORKING LIFE) Homemaker	YPE OF WORK 12% KIND OF B OR INDUS HOME	USINESS TRY
13a.	STATE 20906 NA COUR		IVE RESIDENCE BEFORE ADMISSION)  13( CITY OR TOWN  Wheaton	13d. INSIDE CITY LIMITS? YES TO 1	13e STREET ADDRESS 12005 Viers	Mill Rd.	
14.	FATHER'S NAME	MIDDLE Preston	Serrette	15. MOTHER'S MAIDE FIRST Laura	N NAME MIDDLE	Bradfor	d
. 160	WAS DECEASED EVER IN U.S. AF (YES, NO. OR UNKNOWN) (IF YES, GIVI	RMED FORCES? E WAR OR DATES)	166. SOCIAL SECURITY NO. 228-18-1940	17. INFORMANT Laura Est	ADDRES ey 221 N.W. 49		Fla derdal
	18. CAUSE OF DEATH (Enter o PART I DEATH WAS CAUSE	ED BY:	e far (a), (b), and (c).)	Pai lu	-	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
VATION, OR REMOVAL	57/2 IMMEDIA		R AS A CONSEQUENCE OF				17.20
-	gave rise to immediate cause (a) stating the <u>under</u> lying cause lost.	e / (b)	CITY HOLLS	-1.1.	liver		
	PART 2 OTHER SIGNIFICANT CONDITION	(c)	BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PA	RT 1:0		
CENTIFICATION	190. DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPS	Y?
1	2Ta EXTERNAL CAUSE WAS	21b. TIME O	E INTUINV Tale	HOW INTERPROCESSIONS	D LENTER NATURE OF INJURY IN TIEM	YES 🗆	NO 🗆
	UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.A	A. MONTH DAY YEAR A. 19		D (ENTER NATURE OF INJURY IN HEM.)	BPAKITORPAKIZ)	
MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, 211 CTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN	COUNTY	STATE
MEDICAL CERTIFICATION	22a. I certify that I took char death resulted from: Note	ge of the remains de	scribed above, held on Au	tapsy , Inspectio	Undetermined manner	ond in my opinion	
	ACTUAL	the 2	One Julia	TITLE (SPECIFY)		DATE /2-1	7-82
2.	SIGNATURE EXAMINER'S NAME (TYPE OR PRINT)	John	7. Tauber	ADDRESS 8	MEDICAL EXAMINER	ONSIN AL	re
230	BURIAL, CREMATION, REMOVAL	236. DATE 12/10/82	236 NAME OF CEMETER	ADDRESS	23d LOCATION SUITIAND, Mo	COUNTY	STATE
24	FUNERAL DIRECTOR JOSET	h Gawler		25a. DATE	REC'D. BY REGISTRAR 256 REC 1 5 1982		. 1
				DLI	O TO BOT O	The state	7

- 기계 등 등 14g Lab 원 and the second second The man with all a second medaning resembled . F. effect. 22 . 23 April . . . De year minut Digi-U-930 a-plan second . - Little College Life with 5 Novice neithers differ on the design of the contract of the co Mind the second of the second

7	1	FOR - STATE	DEPAR	TMENT OF HEALTH AND MENTAL HY  CERTIFICATE OF DEATH	GIENE 8 2	32384
4	10	REGISTRAR TO QUE	N May G	ie be	REG. NO	MONTH DAY YEAR 26, HOUR
e e e		PE OR PRINTI	EN MAY	CIEBEL	126. DAIL OF BLATT	2 24 82 10 4.
you god	3. S	EX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	- 1 M
ge 4		Fame	WHITE	SEPTEMBE 18 1922	60	YRS.
Poge.	7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF	
death unero or or or	5	Virginia	USA	WIDOWED DIVORCED		tgomery MD.
the familiary	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVESTRE		120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY
ors o	U	JAL RESIDENCE (IF NURSING HOME OF	516 COLE	GE PARKWAY	Secreta	ry APT. BLOGS.
n 24 hou filled in hould be	5 130	Md 136 COUR		YES NO	13e. STREET ADDRESS	Madison St
d within pletely and 2 sl	14.1	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST
e e e	9	Merideth	Davi	S Claud	ADDRE	(nee n)
n ond c	160		MED FORCES? 166. SOCIAL SEC FEWAR OR DATES) 577-21	1-4505 Vicki		o College Porkway Re
ote by sicro		18 CAUSE OF DEATH (Enter or	nly one couse per line for (o), (b),	and (c).)	1	APPROXIMATE INTERNAL BETWEEN ONSET AND DEATH
g phy on po		PART I. DEATH WAS CAUSE	TE CAUSE (0) Carcil	iona of the	Lung	2 months
oth ce corb 1, or 1		1629	DUE TO, OR AS A CONSEO	UENCE OF	J	
e dec move nation frour		Conditions, if any, which gave rise to immediate	(b)			
of the		couse (a), stoting the underlying couse lost.	DUE TO, OR AS A CONSEO	UENCE OF		
es the	7	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONF	NITION GIVEN IN PART 1(a)
equir n sign Then to bi	NO.	- The state of the	CONDITIONS CONTRIBUTIONS	DOLLAR DOLLAR DE TO THE TEX	MINAL DISEASE ON COINE	THO TO STEEL HAT AKE THE
ow reconstruct. I prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
The liction.					YES NO	YES NO
ZYOTE		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR ZIC HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
HYSICIA ding ph ding ph is certifi buriol-th Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	19 21f. LOCATION		
the bond /	MEC	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC ) STREET	CITY OR TOV	VN COUNTY STATE
or o or o or o se os olth mork		AT WORK AT WORK	ital) attended the deceased from	October 1082	to Decth	, 19, that ((1))(we) last
TTEN portol TOR: for us of He		sow the deceased alive on	10110	C -	n death occurred on the do	te and hour and from the causes stated
Ned IREC Pept. Gept. Hem		22b. SIGN TURE	I lew the body offer death.	NO DE SREE		22c. DATE SIGNED
by the ERAL D FERAL D Stote D ANT: If I		()Locut t	1 Die	ATTENDING PHYSICIAN	MEDICAL STAF	
HOSPITAL ined by the FUNERAL wild be detroposed to the Stote PORTANT:		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	Me. ADDRESS	1	Day a wal
TO HOSPITAL etoined by 1 TO FUNERAL should be de with the Stott		1Kobert H	Blee MI)		rensitu Her	, be thesda ma
	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	24	CREMATION FUNERAL DIRECTOR	VEC. 27, 1982	CEDAR HILL CROMM	DEN SUITAND	STREE ISTRANCE IN THE STREET
DHMH-16 30M 2/80 (VRA 15, 4)	10	NAME CONTRACTOR	L Home RIVER	DALE MD. DE	U 3 0 1982 ]	NU NEL ISTRAK
	C	annibers runera	- Home niver	UITLE IIID.	Ψ	

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FOR

I. DECEASED NAME

REGISTRAR

FIRST

- STATE

(TYPE OR PRINT)

LAST Dollar R. Delphia Gilley, wife, same 10 hours one month PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE December and that in the (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED Dec.10,1982 DIRECTOR PHYSICIAN 220 ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md 20205 Milford Odd Fellows Delaware BP 982 kent Burial 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

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12b. KIND OF BUSINESS OR

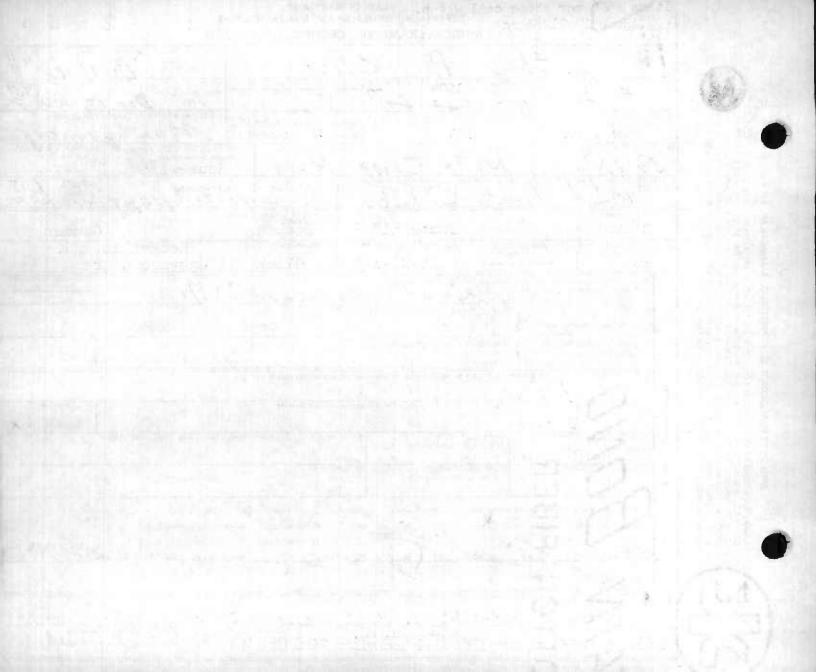
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IF UNDER 24 HRS

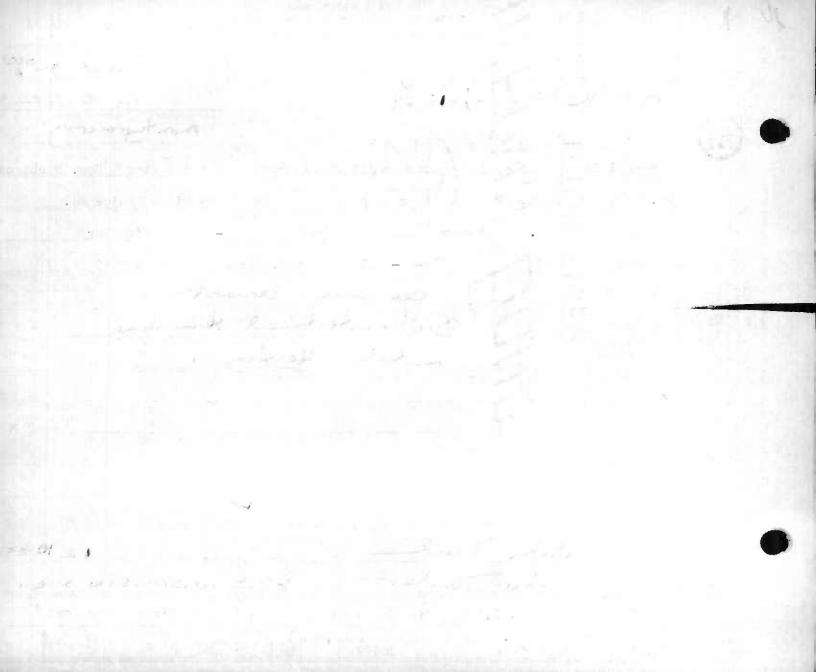
IF UNDER 1 YEAR

26. DATE OF DEATH

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2		ems #5&6 per ph			MARYLAND		
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		CEASED NAME FIRST	1	MIDDIS	LAST /	28 DATE KNOWN DE ESTI-	MONTH DAY YEAR
		L01	DIC	1. 6.	ICK	OF ESTI-	Dec. 17 1982 PM
4040	3. SE.	, ,	5. DATE OF BIRTH		UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR
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ANY DELAY IS WIND 3 TO THE FURTHIN PAGE 3 OULD BE FILED.	10 C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR O	THER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING (IFE)	OF WIND OF BUSINESS OR INDUSTRY
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ANY DEL ANY DEL AND 3 TO RETAIN PHOULD BE RECORDS		AL RESIDENCE (IF A NURSY OF HOME OF		130 CTY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS/	Apr 105
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H-KOE/KA	14. F.	Samue 1	MIDDLE	TD LAST 1	15. MOTHER'S MAIDE	MIDDLE	LAST
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: 5 € ≥ 10		18. CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE	ly one cause per lin		2 Yours	1. 17. 2	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST TITHIN 24 HOU CIL IN ITEM 18 HER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.			TE CAUSE (a)	vouse/	470000	121/101	
REST TANON		Conditions, if any, which	DUE TO, O	R AS A CONSEQUENCE OF			
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A S S E H S		220 I certify that I taak charg	L/O		apsy , Inspection	′	d in my opinian
RECENT IN THE CANAL STATE OF THE		death resulted from. Natur	ral causes 24	Accident, Suicide _	, Hamicide,	Undetermined manner,	
MAN WAN		ACTUAL SIGNATURE	0 1	111	TITLE (SPECIFY)		DATE 120/7/982
SE S		1/6	-	1	M. J. J.	MEDICAL EXAMINER	SIGNADICE
SE S	-	EXAMINEBUTIONE TYPE ON DEINT			ADDRESS		
TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALLIMORE, MARYLAND, 2	23a.8	UPHAL, CREMATION, REMOVAL	3b DATE	23c. NAME OF CEMETERY		23d LOCATION	
BP	1	Burial	12-20-1	982 Mt. Sinai	Cemeterv	OpaLacka.	Dade, Florida
DHMH - 17		UNERAL DIRECTOR		ROCKVIIIe Md	25a. DATE R	REC'D. BY REGISTRAR 1 REGI	STRAR'S SIGNATURE
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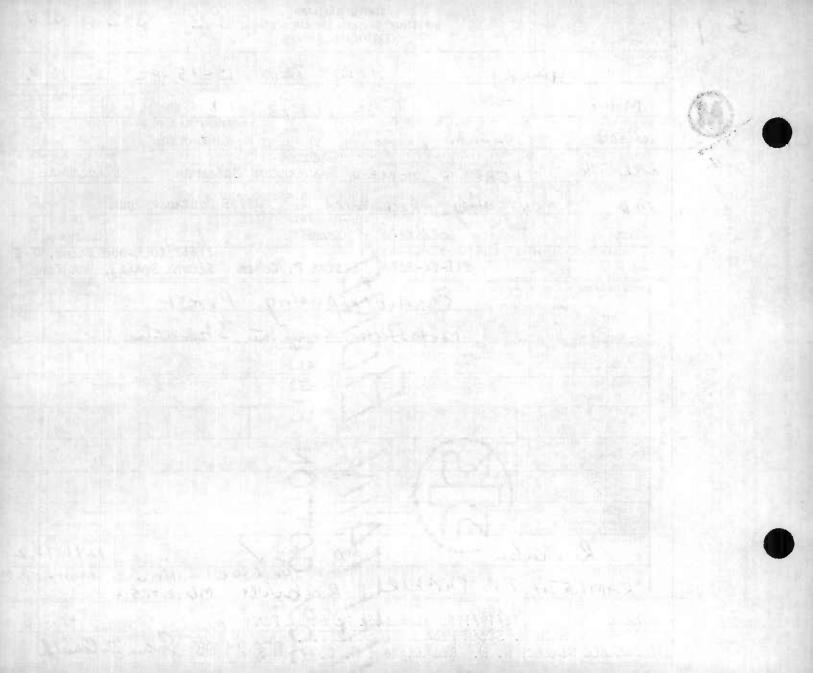


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	enn.	OF DEATH	USA	AL, NURSING HOM		DIVORCE	12a USUAL OC	CUPATION (TY	PE OF WORK	12b. KIND
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14. F	ATHER'S NAME		MIDDLE	LAST	.15. /	MOTHER'S MAIDEN		MIDDLE		LA
	arry	M			I	Ruth	ārma .		Kings	bury
16a. \	ES, NO, OR LINKNO		MED FORCES? WAR OR DATES)	6b. SOCIAL SECURIT		NFORMANT		ADDRES	-	
$\vdash$	yes	WWII	y one cause per line for	134-09-28	523 JUE	anet E. G	lover	Same a	as #	13 APPR
	gove ris couse (o) lying cou		(c)	A CONSEQUENCE	2	Hem	l Pa	mark	and .	
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31	FOR STATE REGISTRAR		DEPARTM	STATE OF MARY OF HEALTH AND CERTIFICATE OF	MENTAL HYGIEN	NE 8 2.	3 2 5	8 9
	1. DECEASED NAME	FIRST	MIDDLE	LAST	0-	DATE OF DEATH MONTH	DAY YEAR	26 HOUR
y be		HARRY		YOLD.	STEIN	12-15-8	2	10.20 AM
oge 4 mo	3 SEX MALE	White		S. DATE OF BIRTH MONTH DAY	18 93		MONTHS DAYS	IF UNDER 24 HRS
a 2 9	COUNTRY		OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	BALTIMORE CITY OR COL	UNTY OF DEATH	
deoi deoi	New York		S. A.	WIDOWEDAY	ONORCED T	Montgomery		MD.
by the filed wife	ROCK ville	HEA	DF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET AD REW HO	ME of Was		USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK  Sales man		rware
n 24 hound be hould be	13a. STATE	136 COUNTY  MONTSON	13c CITY OR TOWN	13d. INSIDE		105 Montrose	Road	
MARYL ted within ampletely and 2 s	14 FATHER'S NAME Max	WIDDFE	Goldste	in Sar	ahrst	MIDDLE		nown)
BALTIMORE, MARYLAND 2120 cate be executed within 24 hours ysicion and campletely filled in by opers. Pages 1 and 2 should be fill wol. itt, the medical against her	WAS DECEASED EN	YER IN U.S., ARMED FORCES (IF YES, GIVE WAR OR DATES			r P. Cohe		ckwood Dr pring, Ma	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certifications there this certificate has been signed by the attending phy os the buriol-transit permit. Then please remove carbon per than Amental Hygiene prior to buriol, cremation, or remorted or them 18 shows ony injury, or other traumotic even are the statement of the property of th	Conditions, if a gave rise to couse 101, stunderlying co	iny, which (b) immediate orting the DUE TO	OR AS A CONSEQUEN	CE OF	a fine	Storres C	N GIVEN IN PART I	0.
AL RECOI	190. DATE OF OPE	RATION 196 CON	NDITION FOR WHICH C	PERATION WAS PERF	ORMED		IF YES, WERE FINDINGERTIFYING CAUSES	
N OF VITA  SICIAN: TI ng physicia certificate ritol-tronsit entof Hygi	On COLUMNIA I	CAUSE OF DEATH HOUR	OF INJURY  A.M. MONTH DAY  P.M.	YEAR	NJURY OCCURRED	(ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
IVISION  UG PHYS offer this of the bur sthe bur ond Me rked or It	216 INJURY OCC	URRED 21e. PLAC	CE OF INJURY STREET, FACTORY, OFFICE, FAR	211 LOCAT	ION ET	CITY OR TOWN	COUNTY	STATE
VITENDI os spirol os CIOR: A for use of Heal	sow the dece	(1) (this hospital) attended cased alive an e) (did) (did not) view the ba	19	, and that in (my	, 19, () (our) opinion dec	, toth occurred on the date one		that (I) (we) lost couses stated
SPITAL OR A J by the hor NERAL DIREC be detoched e State Dept. TANT: If them	22b. SIGNATURE	2-Shaki		DEGREE		MEDICAL STAFF DIRECTOR   PHYSICIAN	22c. DATE	SIGNED, 15782
TO HOSPITAL etained by the TO FUNERAL should be det with the Store	RAM	LETH T-A	·SHAKI		ockvill	e MD 20	we, m	ontroseR
BP	230 BURIAL, CREMATIC BURIAL	12/19	9/1982 Lak	me of cemetery or eside Memo	rial Park		Dade.	Florida
DHMH - 16 50M 1/81 (VRA 15, 4)	232 Carroll	Donald M. St. Street, N. (	ein Hebrew 1 V. Washing	Memorial F ton, D. C.	.H. 250 DATE R	2 1 1982	GISTRAR'S SIGNAT	helf



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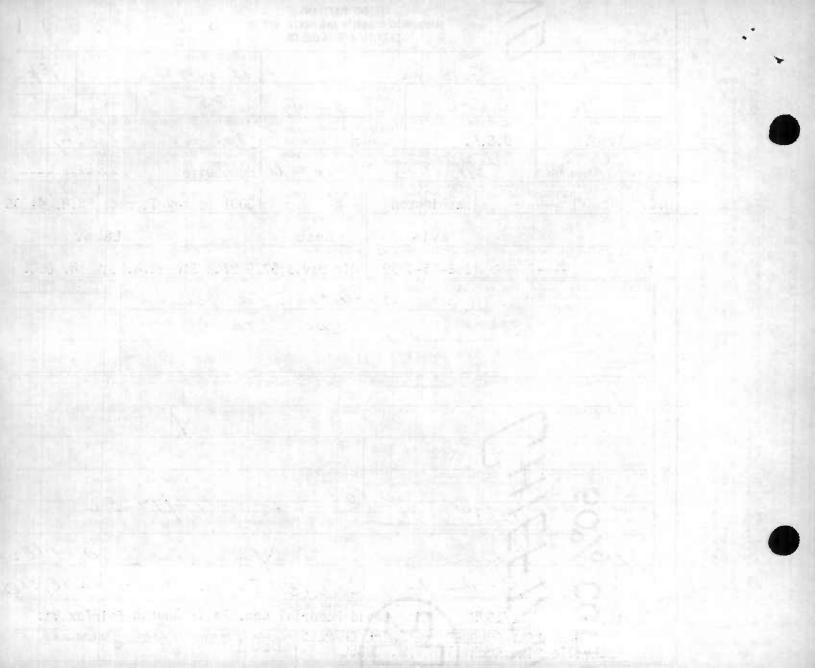
(VRA 15, 4)

STATE OF MARYLAND

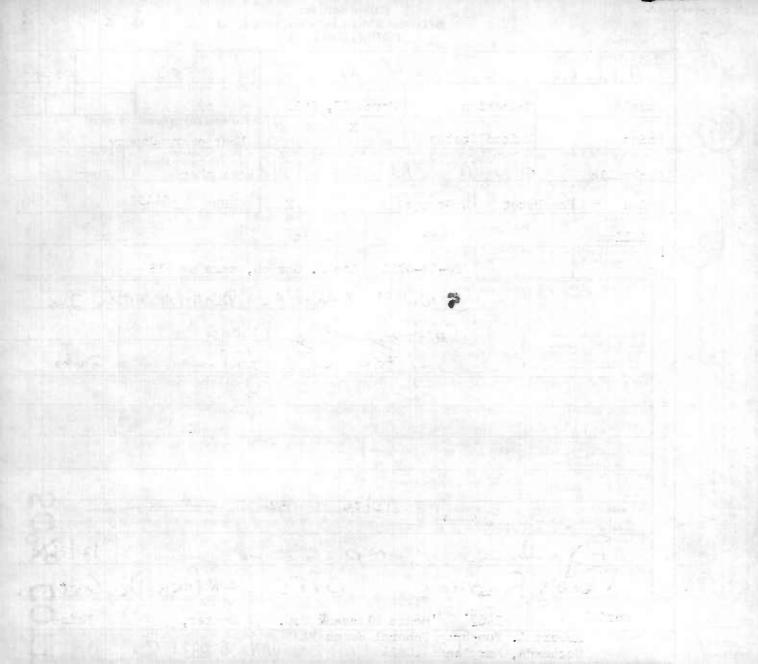
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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one one one	3. SE)		4. RACE	ite	5. DATE C		6. AGE (IN YEARS LAST BIRTHO		
70 7	(	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?		NEVER MARRIED	9. BALTIMORE CITY OR	0	
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The state of the s	D. (	TATE NU COUN	OTHER INSTITUTION ITY	Nashingto	1	134. INSIDE CITY LIMITS? YES NO 🗌	13. STREET ADDRESS 3001 Veazey		20008) N.W.,#120
201	J	ohn	MIDDLE	Davis		Rose	WIDDLE	Lab	O V
e medico	6a \\	(IF YES, GIVINO NO N	MED FORCES? E WAR OR DATES)	165-05-0		Rip Davis;57	729 27th Stre	et,N.W.;Wa	ash.,D.C.
y, or other troumotic		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	(b) DUE TO, O	R AS A CONSEQUE	7.S NCE OF		FAILURE AINAL DISEASE OR CONDI		T Ito
shows ony injui	CERTIFICATION	19a date of operation	196 COND	ITION FOR WHICH (	OPERATIO:	n was performed		20b. IF YES, WERE FIN IN CERTIFYING CAUS	
-/-/	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTHY MEDICAL EXAMINER 21d. INJURY OCCURRED	TH HOUR A.	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY I	IN ITEM 18 PART 1 OR PART	7)
norked or	MEI	WHILE NOT WHILE AT WORK  220.1 certify that (I) (this haspit	I AT HOME, ST	REET, FACTORY, OFFICE, FA	RM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
If Hem 21 is r		sow the deceased alive on, above, (1) (we) (did) (did not 22b/SIGNATURE	121	19		od that in (my) (our) apinion DEGREE ATTENDING	death accurred on the date	22c. D.A	the couses stated
IMPORTANT: IF		THE PHYSICIAN'S NAME ITYPE O	PRINT)	sk M	D	PHYSICIAN V	BN ST ST	IN O	PRINC, M
	(	URIAL, CREMATION, REMOVAL	12/16/			emetery or crematory id Memorial (			
M 4/82	24 FL	INERAL DIRECTOR DANZAN 170 Rockville P	SKY-GOL ike;Roc	DBERG MEM kville, M	ORIAL d. 20	CHAPELS 250 DE	C 1 7 1982 AR	REDISTRAR SIG	SAUBERLY.



ledical Exone	ne					E OF MARYLAND	0 0	20	: 9 9
leared a	1.	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 2 -	
10		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
9 09		Madeline	E		301	rdon	12-26-83		2045 PM
1 5 0 1	3. SE	X	4. RACE		5. DATE (		6. AGE (IN YEARS LAST BIRTHDA	Y) IF UNDER 1 YEAR	
		emale	Caucas		Marc	h 29, 1913	69	YRS.	
(M)5'	17	RTHPLACE (STATE OR FOREIGN COUNTRY) aine		States	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR CO Montgomery		MD
9 93 97	10.0	ITY OR TOWN OF DEATH		F HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND (	OF BUSINESS OR
Select the	R	ockville /	Shady	Grove	due	tist Hospita	Homemaker	Home	
24 hou suld be must be	USU 13a.	AL RESIDENCE (IF NURSING HOME OF	R OTHER INSTITUTE		ADMISSION)	13d. INSIDE CITY LIMITS?	1110 STREET ADDRESS	4453	
within within a 2 sh	14. F/	ATHER'S NAME			1150	15. MOTHER'S MAIDEN NA		TEDISTRA	
w between the complex of the complex		William	MIDDLE	Dorr		Bessie	MIDDLE	Ames	AST
d co		VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
Poges medica	N		VE WAR OR DATES)	020-24-0	711	Leo E. Gordo	n, same as #1	.3	
ING PHYSICIAN. The law requires that the ratending physician.  After this certificate been signed by the as the buriof-transit permit. Then please remit and Mental Hygiene prior to burial, crema orked an Item 18 shows any injury, or ather the	CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION	(c)_ CONDITIONS	OR AS A CONSEQUE CONTRIBUTING TO CONTRIBUTION FOR WHICH	EATH BUT	NOT RELATED TO THE TERM	20a AUTOPSY? 20		INGS USED
hos one	E						YES NOXX	YES [	NO [
SICIAN: T ng physici certificate urial-transi ental Hygi frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR	OF INJURY A.M. MONTH DA P.M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PART 2)	
DING PHYS or offendin After this ce as the bur offendin marked or the	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY OFFICE, F.	ARM, ETC )	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Spiral or STOR: A for use of Heal		22a. I certify that (I) (this hasp saw the deceased alive a above, (I) (we) (d/d) (did no 22b. SIGN 111b.		Jane 19_		nd that in (my) (our) opinion DEGREE		and hour and from th	, that (I) (we) last e causes stated E SIGNED /
by the by		224. PHYSICHAT SMAME (TYPE	OR PRINT	~	M	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12	-126(2
TO HOSPITA retained by TO FUNER should be d with the Sto	22-	Denvis		on an	IAME OF	13-15E	WER PARK	DR, GA	MAGUR
BP		BURIAL, CREMATION, REMOVA {SPECIFYBURIAL	19	82 · 30 · Mou	nt Pl	easant Cem.	Dexter,		aine
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR Robert NAME Bethes	A. Pu	mphrey Fun rvland 20	eral 814	Homes PA 250. DAT	N 6 1983	Page 1	Carrie



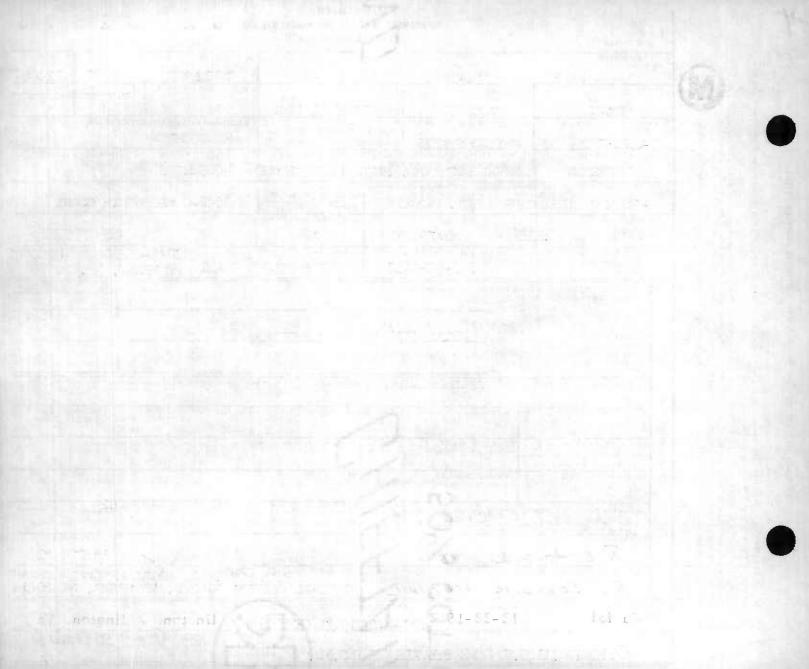
		FOR STATE REGISTRAR		MENT OF HEA CERTIFIC	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	REG. N		2	9 3
		EASED NAME FIRST OR PRINT)	WIDDLE	LAST		20. DATE OF DEATH		AY YEAR	2b. HOUR
23		MARIA	CHOVANEC	GRA	100	DECEMBE		1982	1246am
3	SEX		4 RACE	S. DATE OF I	DAY YEAR	6. AGE IN YEARS LAST BIR		ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1		FEMALE	CAUCASIAN	FEBRUA	RY 11 1948	34	YRS.		
7	C	THPLACE (STATE OR FOREIGN DUNTRY)  ASHTNGTON DC	UNITED STATES	MARRIED WIDOWED	NEVER MARRIED D	9. BALTIMORE CITY O MONTGOM	dere	OF DEATH	MD.
27	0 CI	Y OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET NAVAL HOSPITAL	ADDRESS) NAVAI	MEDICAL CMI	120. USUAL OCCUPATION OF THE OF WORK FOR MOST COMMON TO THE OF TH		12b. KIND O INDUSTRY	F BUSINESS OR
35	30 S		ONDA FT. MEAD	E 13		136. STREET ADDRESS 1	WADSWO	RTH CO	URT
20		OSEPH J	OHN CHOVAN		SARAH	WIDDLE	Bi	φφ οξί	
2 ledicol		AS DECEASED EVER IN U.S. AS NO ORUNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECUTIVE WAR OR DATES) 505-60-64		INFORMANT			WADSWO	RIH COURT
njury, or other troumoti	NO	Conditions, if ony, which gove rise to immediate couse (o.) stating the underlying couse lost.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEOU  (b) METASTA'  DUE TO, OR AS A CONSEOU  (c)  CONDITIONS CONTRIBUTING TO	FIC BRE	AST CANCER	NAL DISEASE OR CON	DITION GIVE	N IN PART 10	
T	CERTIFICATION	90. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	208 AUTOPSY?		WERE FINDIN	
- //		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D  {IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH D	AY YEAR	TE HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)	
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		II LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
n 21 is mo		obove, (I) (we) (did) (did r	oitol) attended the deceased from 18 DECEMBER 19		hat in (my) (aur) apinion c			and from the	
± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ± ±		226. SIGNATURE R. C GO	clock mo	DE	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (2)	19 D	EC 82
MPORTANI		R.L. SOLL			<sup>20</sup> ADDRESS NAVAL NATIONAL CAP	HOSPITAL,	NAVAL , BETH	MEDICA ESDA,	L COMMANI MD 20814
IMPORTA	3a. B	JRIAL, CREMATION, REMOVA PE <b>B</b> Ir <b>ial</b>	12 -22 -1 982 AD	NAME OF CEM	ETERY OR CREMATORY	23d LOCATION CITY OF TOWN	n. Ar	Lington	ı. Va

DHMH - 16 50M 4/82 (VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
CHAMBERS FUNERAL HOME SILVERS SPRING, MD

12-22-1982

CEMETARY Arlington, Arlington, Variate DEC 2 3 1982



- STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REGISTRAR REG. NO 1 DECEASED NAME 20. DATE OF DEATH 7h HOUR THRE OF PRIN GRAVEN Margaret Lorraine 12 18 82 B:10pm 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) DAY YEAR female white 03/24/24 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XXNEVER MARRIED Maryland U.S.A. Montgomery WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) S. Governent Secretary Takoma Park. Washington Adventist Hospital 13 STILL WE DWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Montgomery | Spring Maryland 11700 Columbia Pike 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Wallace Clubb. Sr. Hancock Marga ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 579 20 8495 James A. Graven Same as #13 (Husband) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: DUE TO: OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating DUE TO OR AS A CONSCIUM underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

P.M 21e PLACE OF INJURY

(AT HOME, STREET, FACTORY OFFICE FARM, ETC.) 220 I certify that (1) (this hospital) attended the deceased from

211 LOCATION

ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN

and that if (my) (out) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED

COUNTY

STATE

21d INJURY OCCURRED

NOT WHILE

22 PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 12/22/82

sow the decease palive on 17 1/2/ obove, (Wiwey did Did in not) view the body ofter death

230 NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

Ft. Lincoln Cemetery

Brentwood, P.G.

CITY OR TOWN

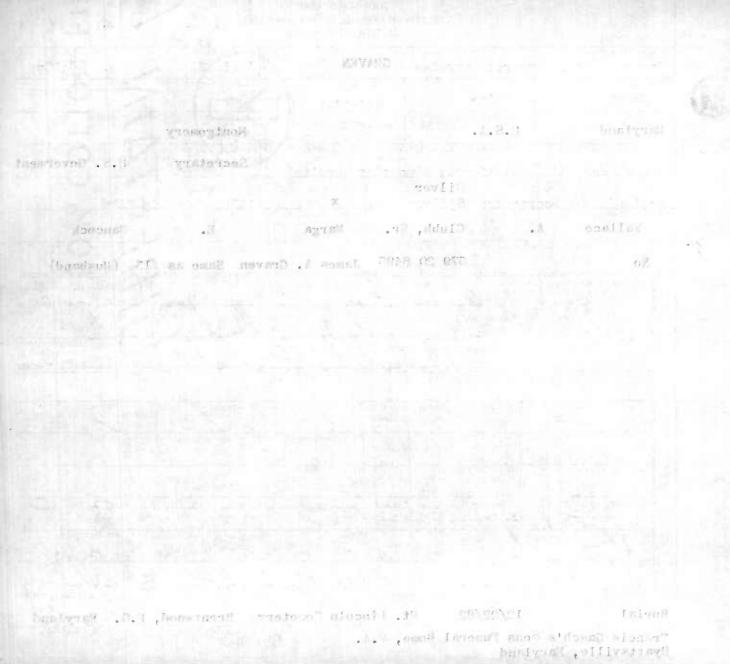
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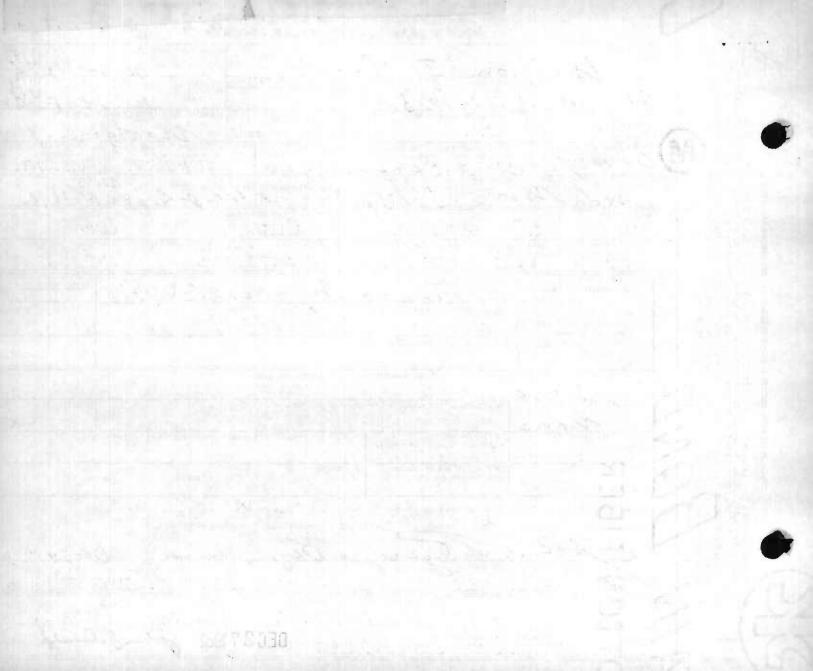
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Francis Gasch's Sons Funeral Dome, P.A. Hyattsville, Maryland

(VRA 15, 4)



STATE OF MARYLAND



	FOR STATE	#6 Fi.	Lm G57	5 1/26			STA ENT OF		AND M		HYGIĘ	(E 2	The Marie of the company of	3 2		9	6
1	REGISTE	RAR			MEDI	CALE	XAMIN	ER'S C	ERTIFI	CATE	OF DE	ATH	REG.	. NO.			
WWW.	T. DECEASED		FIRST			MIDDLE		101	INSON	GR	v	OF.	KNOWN ESTI- MATED	xx <sup>MONI</sup> □ 12-	-25-8	YEAR 2	26 HOUR
M. PLEAS DIRECTOR NUR FILE STREET	3 SEX Femal	e Wh	BII ite	5. DATE OF Dec.	BIRTH	1982	AGE (IN YE	ARS IF UN	DER 1 YR.		R 24 HRS.	2c. DATE PRONOUN DE AD		MÔNT		YEAR	24 HOUR 8:50
N FER Y	A BIRTHPLA			7b. CITIZEN		TCOUNTE			ED NE	VER MARI				Y OR COU		DEATH	MD
PAGE S PAGE S SE FILED.	Takoma	own of de		100	SUCH FACIL	ITY, GIVE STRE	ET ADDRESS)				NO NO	MOST OF WOR	PATION	TYPE OF WOR	126 KI	ND OF BU R INDUST One	ISINESS
ANY DANY DE ANY DE ANY DE ANY DE AND 31 PETAIN	USUAL RESID TAL STATE Mary		Princ	OR OTHER INSTITUTION	TION GIVE	RESIDENCE BE	R TOWN	ON1	13d. INSIDE (	CITY LIMITS?	13e_SI	TEEL ADDRE	ss <b>rnum</b>	Stre	et #	<sup>4</sup> 2	
EATH. MO.	14. FATHER'S	NAME Beph		WIDDIE		Gray <sup>^</sup>	ST		15. MOTH <b>Pa</b>	ER'S MAID Trici	EN NAM	E "	NIDDLE		Jo	hnso	n
RALTIMO RE AFTER D S. GIVE PAG WITH FORM DIVISION O	ING. WAS DEC	EASED EVER		MED FORCES WAR OR DATES)	?	Not	AL SECURIT 1 <b>e</b>	Y NO.	Jose		Gra	y, Jr	• Sa		s #13	(Fa	ther)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., EALTIMORE, MD. S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. RDED TO THE CHIEF MEDICAL EXAMINER ALCING WITH FORM PM 3. ES SHOULD BE USED AS A BURRAL. TRANSIT PRIMIT PAGES I AND 2.8 ES SHOULD BE USED AS A BURRAL. TRANSIT PRIMIT PAGES I AND 2.8 ESPARIMENT OF HEATTH AND MENTAL HYGENE DIVISION OF VITAL.	PAI 3 Co	RT   DEATH V 2 2 9 inditions, if ive rise to use (a) statin ing cause last	IMMEDIA any, which immediate g the under	TE CAUSE (a) DUE 1	M TO, OR AS	ening S A CONS									BETV	veen onse	T AND DEATH
ECORDS.,  D BE EXECUTE ENDING** I  MEDICAL E  ASA B UBIN CREMATIC				CONTRIBUTING TO					36.0		ART 1 (a),						
SHOULD CHIEF SE USED IT OF HE SURED	TIFIC	TERNAL CAU					HICH OPER								,	AUTOPSY YES <b>X</b>	, NO 🗆
DIVISION OF VITAL REC MER. THIS CERTIFICATE SHOULD I CATE, WRITING THE WORD, "PER FORWARDED TO THE CHIEF M OR, SAGE 3 SHOULD BE USED A MESTATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURRAL, CI	S UNDER	RIYING	OR CAUSE OF	DEATH	P.M.	MONTH [	DAY YEAR	2		CCURR	ED (ENTER	NATURE OF IN	JURY IN ITEM	A 18 PART 1 OR	PART 2]		90.9
# <b>\$ 4 % 2 %</b>	WHILE AT WO	DRK ATV				INJURY LY, FARM, ETC.			CATION TREET			CITY OR TO	wn		COUNTY		STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFFER DEATH, WITH THE SITE BALLIMORE, MARYLAND, 2		resulted fra		ge of the remo	7	bed abave accident [		Autaps	, Hami	SPECIFY)	Unde	Inquiry termined mi	anner [	and in my , DAT SIG	16	-26-8	32
O MEDIC XECUTE YAGE 4 S O FUNE VATER DE	(TYPE C	NER'S NAME OR PRINT)	Mai	rgarita	а А.				ADDRESS_			STre	et		=:.		
/// BP	Buria Buria	al		12/29/8		Ft.	ME OF CE	coln	Cemet	ery	Br	ortown entwo		P.G.		ryla	n'd
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(VRA 15, 4)

STATE OF MARYLAND

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Rockville, Maryland

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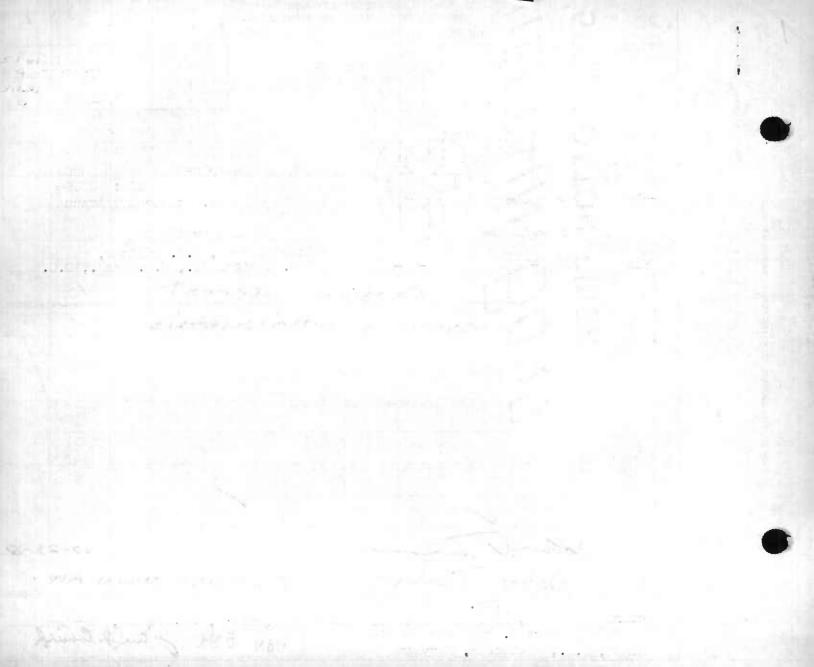
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EDMALD . CREEKE Dec 30 1114 165 A ante in the properties in a land 12 hours Commence to the design of the second port of a configuration and the second C SHALLER BENEAUTH AND POLICE and A.A.

		CÉASED NAME E OR PRINTS		wrence	WIDDLE		Cons	AST		20. DATE KNOW OF ESTI-	X	
9	3. SE)		1. RACE	S. DATE OF BIRTH		nry 6. AGE IN YEAR	Gre		NDER 24 HRS.	DEATH MATE	D MONTH	12/23/82
		male	black	1/18	YEAR	LAST BIRTHDAY				PRONOUNCED DEAD	12/	/23/82
19	7a B1	RTHPLACE (STA	ATE OR	76. CITIZEN OF V	VHAT COUN	TRY?		D NEVER	MARRIED X	9. BALTIMORE C	ITY OR COUN	NTY OF DEATH
1		t Availa		United S			WIDOWE		VORCED		mery Co	-
10	ID CI	TY OR TOWN C		11. NAME OF HO	SPITAL, NUI FACILITY, GIVE ST	REET ADDRESS	OR OTHE	R INSTITUTION		WAL OCCUPATION MOST OF WORKING LIFE		12b KIND OF BUST OR INDUSTRY
	116114	Bethes							Une	employed		None
6	13a. S	TATE	13b. COUN		13c. CITY	OR TOWN	<sup>4</sup> ] [1	3d. INSIDE CITY LIA		REET ADDRESS	zip:	20850
1	-	ryland	Mont	gomery	Roc	kville			○ □ I 100	W. Mont	gomery	Avenue
51	14. FA	FIRST	37 4 4	MIDDLE		LAST		IS. MOTHER'S /				LAST
-	16a. V	AS DECEASED	EVER IN U.S. AR	ailable	Tiáb SOC	IAL SECURITY	NO.	7_INFORMAN	Nc	ot Availa	ble	
1	(1)	Yes	VN) (IF YES, GIVE	-1954		<b>-</b> 48 <b>-1</b> 59		Walter	Bledso	oe, V.A.	Officer	r,
				y ane cause per lir				941 N.		1 St., N	.E. Was	APPROXIMATE IN
- 1		PARTIDEA	ATH WAS CAUSE	BY: TE CAUSE (a)		Caro	lia	_	ar.	rest		BETWEEN ONSET A
		4140			R AS A CON	SEQUENCE OF						
13			s, if any, which	1 0	coro	Nach		erter	1030	lerasis	3	
-			e to immediate stating the under-	DUE TO O		SEQUENCE OF		•				
		lying caus	e last.	(1)								
		PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEAT	N BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE (	OR CONDITION GIVE	N IN PART 1 (g).			
	O											
O O	CATION	19a. DATE OF 6	OPERATION	19b. COND	ITION FOR V	WHICH OPERA	TION WA	S PERFORMED	?			2D AUTOPSY?
9	RTIFICATION					WHICH OPERA						YES 🗆
913	AL CERTIFICATION	21a EXTERNAL	CAUSE WAS	21b. TIME C HOUR A.	OF INJURY M. MONTH					NATURE OF INJURY IN IT	EM 18 PART 1 OR P.	YES 🗆
913		21a EXTERNAI UNDERLYING CONTRIBUTIN	CAUSE WAS OR IG CAUSE OF I	21b. TIME C HOUR A. DEATH P.	DF INJURY M. MONTH M.	DAY YEAR	21c. HO	W INJURY OCC		NATURE OF INJURY IN IT	EM 18 PART 1 OR P.	YES 🗆
913	MEDICAL CERTIFICATION	21a EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF	CAUSE WAS OR IG CAUSE OF I	21b. TIME C HOUR A. DEATH P.,	OF INJURY M. MONTH	DAY YEAR	21c. HO	W INJURY OCC		NATURE OF INJURY IN IT CITY OR TOWN		YES 🗆
7133		21a EXTERNAI UNDERLYING CONTRIBUTIN 21d, INJURY O	CAUSE WAS OR IG CAUSE OF I	21b. TIME C HOUR A. DEATH P.,	OF INJURY M. MONTH M.	DAY YEAR	21c. HO	W INJURY OCC				YES -
7133		214 EXTERNAL UNDERLYING CONTRIBUTIN 214. INJURY OF WHILE AT WORK	CAUSE WAS OR CAUSE OF E CCURRED NOT WHILE AT WORK	21b. TIME C HOUR A. DEATH P.,	DF INJURY M. MONTH M. OF INJURY CTORY, FARM, ET	DAY YEAR 19 {ATHOME,	21c. HO	W INJURY OCC				YES
7133		214 EXTERNAL UNDERLYING CONTRIBUTIN 214. INJURY OF WHILE AT WORK	CAUSE WAS OR GC CAUSE OF I CCURRED NOT WHILE AT WORK  That I taak charg	21b. TIME O HOUR A. DEATH 21c PLACE STREET, FA	DF INJURY M. MONTH M. OF INJURY CTORY, FARM, ET	DAY YEAR 19 {ATHOME,	211. LOC.	W INJURY OCC	DECTION Y,	CITY OR TOWN	CC	YES
7133		21a EXTERNAI UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK  22a   certify, death resulted	CAUSE WAS OR GC CAUSE OF I CCURRED NOT WHILE AT WORK  That I taak charg	21b. TIME CHOUR A. DEATH P. 21e. PLACE STREET, FA	OF INJURY M. MONTH M. OF INJURY CTORY, FARM, ET	DAY YEAR 19 {ATHOME, C.}	211. LOC.	W INJURY OCC	CURRED (ENTER	CITY OR TOWN	and in my a	YES DOUNTY
7133		21a EXTERNAL UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK	CAUSE WAS OR GC CAUSE OF I CCURRED NOT WHILE AT WORK  That I taak charg	21b. TIME CHOUR A. DEATH P. 21e. PLACE STREET, FA	OF INJURY M. MONTH M. OF INJURY CTORY, FARM, ET	DAY YEAR 19 {ATHOME, C.}	211. LOC.	ATION REET  Hamicide	pection . Under	CITY OR TOWN	CC	YES OUNTY
7133		21a EXTERNAI UNDERLYING CONTRIBUTIN 21d. INJURY OF WHILE AT WORK  22a   certify death resulted ACTUAL SIGNATURE	CAUSE WAS OR OR CAUSE OF I CCURRED NOT WHILE AT WORK  of that I taak charg d fram: Natur	21b. TIME CHOUR A. DEATH P. 21e. PLACE STREET, FA	OF INJURY M. MONTH M. OF INJURY CTORY, FARM, ET	DAY YEAR 19 {ATHOME, C.}	211. LOC.	ATION ATION  ATION  Hamicide  TITLE (SPECII	pection , Under	Inquiry	and in my a	YES DOUNTY
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STATE OF MARYLAND

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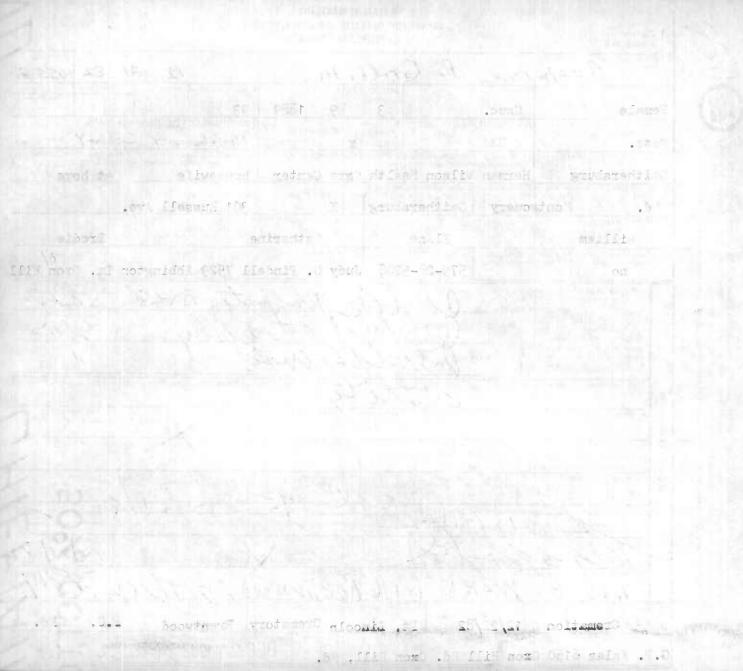
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer

retained by the hospital or attending physician.

BP\_ DHMH - 16 50M (VRA 15, 4)

death. Page 4 may be

/1					STATI	E OF MARYLAND			~) 6	3 6	0
9	1	FOR STATE		DEPA		EALTH AND MENTAL HY	GIENE &	64	0 6	- 0	U
		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.			
	I DE	CEASED NAME FIRST		MIDDLE _	_ [	AST	20. DATE OF		DAY	YEAR	2b. HOUR
300	TYPE		Lagina	$\rho$	Cail	1:16		11	21	82	
		CHTI	perine	, ,	7110	t / T/1		12			1055
	3. SE	X	4. RACE		S. DATE C		6. AGE (INY	EARS LAST BIRTHDAY)	MONT	HS DAYS	IF UNDER 2
	Fe	male	Cauc.		3	9 1889	93	,	rRS.		
	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNT	RY? 8		9. BALTIMO	RE CITY OR CO		DEATH	
59		COUNTRY)	USA			D NEVER MARRIED	Maria	GOWERY	Co	unty	1
10		TY OR TOWN OF DEATH		HOSPITAL NUE	WIDOWE	OR OTHER INSTITUTION		OCCUPATION			F BUSINES
76,6			(IF NOT IN SU	ICH FACILITY, GIVE ST	REET ADDRESS)		(TYPE OF WOR	K FOR MOST OF WORK		NDUSTRY	
		ithersburg				Care Center	House	wife		at he	ome
09	13a. S	AL RESIDENCE (IF NURSING HONSTATE 113b. C	AE OR OTHER INSTITUTION	13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
50			tgomery		ersburg	YES 💢 NO		dussell .	Ave.		
1	14 FA	THER'S NAME				15. MOTHER'S MAIDEN N					
12		William	MIDDLE	Plar	10	Catheri	ne	MIDDLE		Bro	
	14 . 14	VAS DECEASED EVER IN U.S	A BALED EODCES	16b. SOCIALS		17. INFORMANT	.IIe	ADDRESS		DIO	
1		YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)				22 000				Md/
		no		579-28	-5200	Judy G. Pind	err 125	9 Abbin	gton	Dr. (	Jxon .
		H. CAUSE OF DEATH (Ent	er only one course pe	r line for ial. (b)	and it	1 11/	- 1	4	d	APPROX.	MAYE INTER
		PART I. DEATH WAS CA	DIATE CAUSE (a)_	(1 A	MI	12 Koh	with	ms	8	71	cag
	20	4200		8	7	1 1/2		1			
		13/0	DUE TO, O	DR ASTA DON'S	AJAAA	N AX	1/2	he.	31/9	4	IN.
		Conditions, if any, which gave rise to immediate		7	The vi	1 14	100	7		1	
		couse (a), stating the underlying couse last		OR AS A SONS	PHYEN	MILINA	~	/	100	01	/
		SHOWING COURSE TON	(10)_	VIV	0 4 - 0	or ev v	>				
	*	PART 2. OTHER SIGNIFICA	NT CONDITIONS C	DNTRIBUTING	TO DEATH BUT	NO HERATED TO THE TEN	MINAL DISEAS	E OS CONDITIO	N GIVEN	N FART 10	0)
	õ			2	o a	7					
4	CERTIFICATION	152 DATE OF OPERATION	196. CONS	DITION FOR WH	ICH OPERATIO	N WAS PERFORMED	70s. AUTO	DPSYT 70k	IF YES, W	ERE FINDE	NGS USED OF DEAT
	E		_ 1				YES 🗆	MON	YES [	]	NO [
10	SER	216. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCCU	RRED (ENTERN	TURE WHILEY IN	EM 18 PART I	OR PART 2)	100
9	_	OR CONTRIBUTING CAUSE C	PUCAIN	A.M. MONTH							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED		OF INJURY	19	21f. LOCATION			1		
	ME		LAT HOME S	TREET, FACTORY, OFF	ICE, FARM, ETC )	STREET		CITY OR TOWN	/	COUNTY	\$1
		AT WORK AT WORK	_		0	A M		1-1	1/1	9	
		226.1 certify that (I) (this.)	4 .			. 19	, to	1/3	198	1	that (I) (y
		sow the decased oliv	e on do not) view the bad		2	nd that in (my) (our opinio	n deoth occurre	d on the date or	nd Mour on	d from the	couses sto
		226. SIGNAPURE	11	1/2		DEGREE	1			22c. DATE	SIGNED
		11/1/1/1	1/15	1	al a	ATTENDINÓ PHYSICIAN	MEDICAL	STAFF PHYSICIAN (		12	12//
		22 PHYSICIAN'S NAME	TYPE OR PRINT)		,	22 ADDRESS	-	1	7	5	1011
		17-11 ac 1	10/0	10 N	1 116	Waking.	nal	Vh ATL	113	45	1/
		1.1603 0	· KAH	1/7	0110	LODINIVIO	100/	11/10	1 1	71	N
3		BURIAL, CREMATION, REMO	VAL 23b. DATE		23c. NAME OF C	EMETERY OR CREMATOR	35d. LOC	ATION OR TOWN	5.0	YINUC	S
		(SPECIFY) Cremation	12/22	/82	Ft. Lir	coln Cremato	ry Bre	ntwood	F	.G.	Må
		UNERAL DIRECTOR				25a D	ATE REC'D. BY	REGISTRAR 25	EGISTRAR	'S SIGNA	TURE
B2	G.	P. Kalas 6160	Owon Hi	DA ADDRE	mon U+1	7 Ma	EC 27	1982 1	hu	2. C	dece !
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MPORTANT: If them 21 is morked or Item 18 sh

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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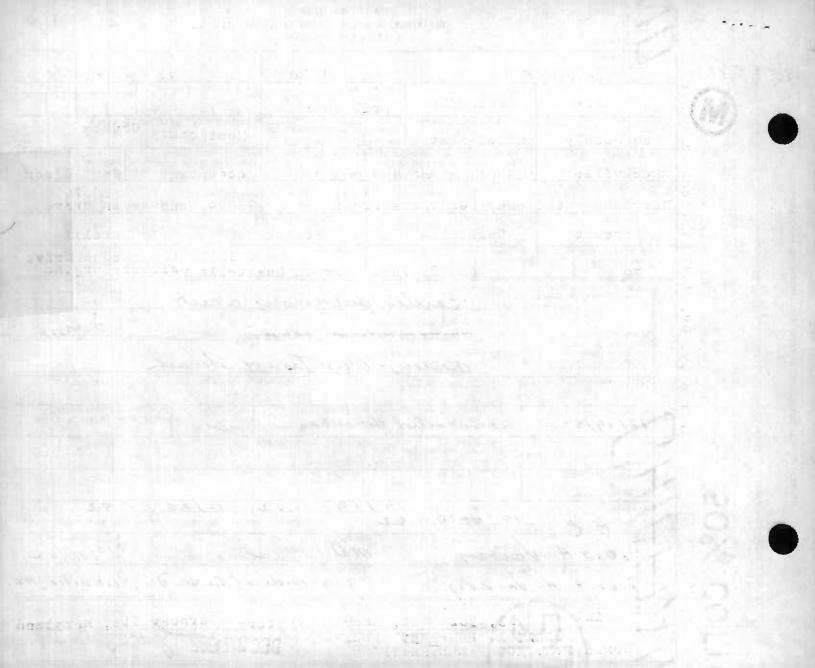
1.	FOR STATE REGISTRAR	DE		IEALTH AND MENTAL HYG	SIENE 8 2	3 2	5 0 2
1. DECEASED NAME FIRST MIDDLE LI				AST	20. DATE OF DEATH	MONTH DAY YEAR	2h HOUR
(1111)	ALM	1A OTTO	CI	ROVES	Dec	. 18. 1982	5.35 PM
3. SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		
Female White MONTH				00	MONTHS DAT	5 HOURS MIN.	
BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY			May	7 1902	80	YRS.   OR COUNTY OF DEATH	
	Virginia	TISA		D NEVER MARRIED	7 DALTIMORE CITT	A COUNTY OF DEATH	
		WIDOWE			Montgo		MD.
	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME (			120 USUAL OCCUPATI Type of work for most of Homemaker		o of Business or home
Ta	koma Park	Washington Adventist		Hospital	Homemaker	own	home
Ma	ryland Mont	gomery Silve:	E BEFORE ADMISSION	13d INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 613 Roseme	ere Avenue.	20904
14 FA	Daniel	₩. M	Miffleton Rosalie			Raw	lett .
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS							
IYES, NO A KNOWN (IF YE NO A A CORDATES) 215-36-4171 Arthur M. Groves-son-(same as						ame as 13e)	
CERTIFICATION	18. CAUSE OF DEATH IETHER OF PART I. DEATH WAS CAUSI  400  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTO, OR AS A CONDUCTOR AS A CONDUCTO	ISEQUENCE OF	cardial 11	wrest farction	477	Oxinate interval en onset and death or with 5
	(c)						
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CANGES FIVE BEAUT FRITUPE DISASETES						
CAT	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?	
TE					YES NO		
MEDICAL CER	210, ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN LITEM 18 PART L OR PART 2)			
	21d INJURY OCCURRED   21e PLACE OF INJURY (AT MOME, STREET, FACTORY, OFFICE, FARM, ETC.)   AT WORK   AT			2H LOCATION  STREET CITY OR TOWN COUNTY STATE			
	272. I certify that (I) (the hospital attended the deceased from						
22	17/1/1/1/1/1/	crivivy	Top	1047 WIIVE 3	11010100	110010	77.70
230 E	SURIAL, CREMATION, REMOVAL SPECIE Burial	12-22-1982	Rock Cr	emetery or crematory ceek Cemetery	Vashingt	ton, D.C.	STATE
24 FUNERAL DIRECTOR Hines/Rinaldi Funeral Home  11800 N.H. Avenue,  ADDRESS  250. DATE REC'D. BY REGISTRAR'S SIGNATURE.							
1 TIJ	es/kinaidi run	Sil Sil	ver Sprin	ng, Md. NF	21 1982	? 2.0	shelf

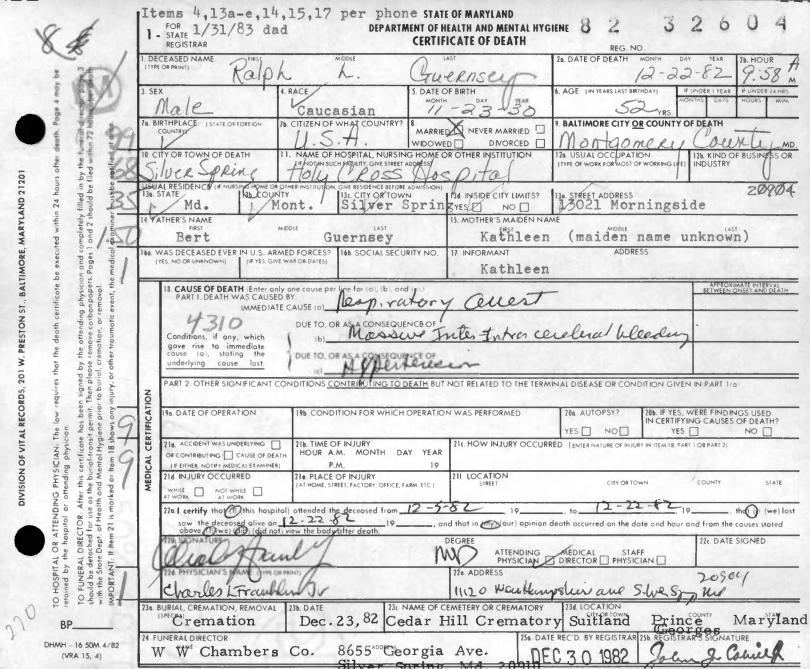
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HOMES, P.A., ROCKVILLE, MARYLAND

(VRA 15, 4)





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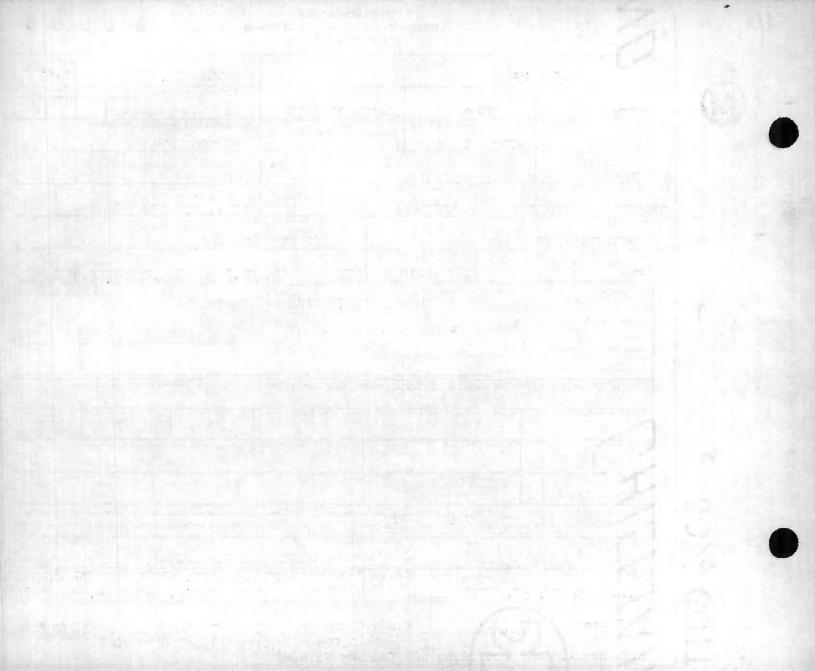
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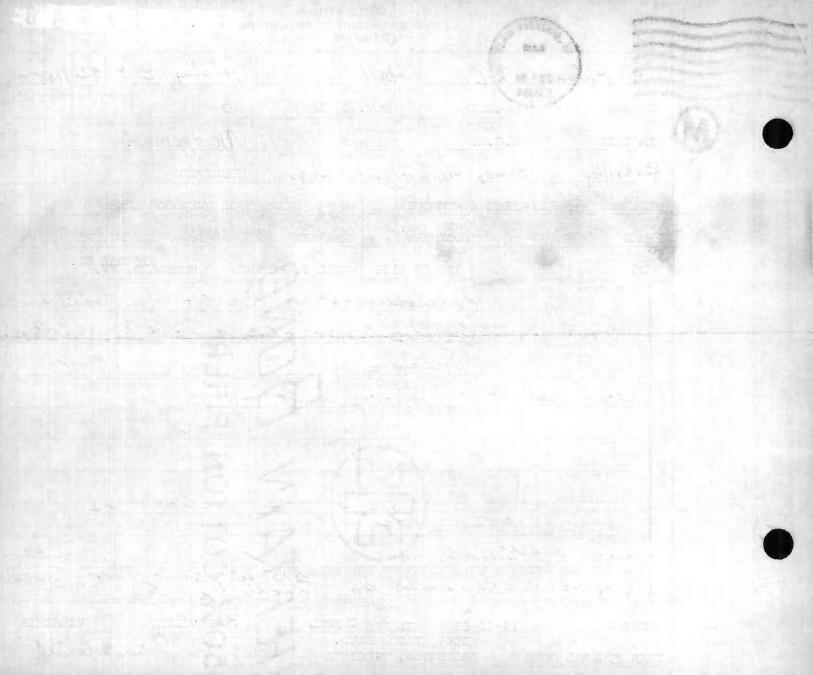
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

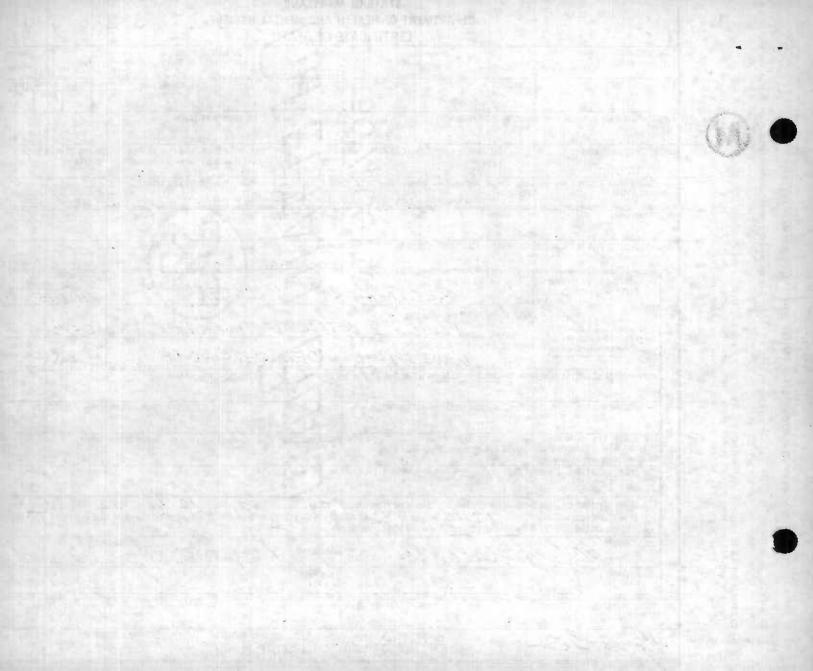
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11	1	FOR			STATE OF MARYLAND	AL MYOURNE	34 3 3	( 2 6	0.7
6	1.	- STATE REGISTRAR			T OF HEALTH AND MENT ERTIFICATE OF DEAT			2 0	
		CEASED NAME FIRST	WIDDLE		LAST	2a. D/	REG. NO.	DAY YEAR	26 HOUR
pe T	TYP	FlorA	1.	H	411		-/12	8 92	1155 AM
6 1 23	3 SE		I. RACE		DATE OF BIRTH		E (IN YEARS LAST BUTHDAY)	# UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
oge 4		FEMALE	CAUCASIAN	1	NOV. 3, 1899	EAR E	33 <sub>YRS</sub>		HOURS MIN.
4 BA		COUNTRY	6 CITIZEN OF WHAT	OUNTRY? B	ARRIED NEVER MARR	ED 9 BAI	TIMORE CITY OR COUN		
op de		IRGINIA ITY OR TOWN OF DEATH	U.S.A.		DOWED A DIVORC		SUAL OCCUPATION	~	MD. F BUSINESS OR
85 mg	K	bekville	SHADY GO	OVE Ad	vontist dogs	(TYPE	OF WORK FOR MOST OF WORKING DUSEWIFE		F BUSINESS OK
B C	13a.	AL RESIDENCE (IF NURSING HOME OR OF THE COUNTY OF T	TY 13c. CI1	DENCE BEFORE ADM IY OR TOWN NROUIA	134 INSIDE CITY LI		TREET ADDRESS  OS OVERLOOK	T.AME	
within letely if 2 sh		ATHER'S NAME		-11	15 MOTHER'S MAI			- TRAIN	
bud sond	JZ	MES FIRST	LOC	KHART	MAHALIA FIRST		J.	PETERS	
Poges 1			WAR OR DATES)	CIAL SECURITY			ADDRESS 51	OAK ST	
و دُون و		NO	22	8 50 61	53 OPAL J.	PETERS,	WURTLAN		
hysici poper novol.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	(o), (b), and (c).		A	Ab+		MATE INTERVAL
rbon r rem		IMMEDIATE			0	+ / / /		- Just	with .
ttend tend ve co ion, c		Conditions, if only, which	DUE TO, OR AS A	CONSEQUENCE	le Stre	holas	- Enlo	ti 3.	5 days.
the d remo emot		gove rise to immediate couse (a), stating the	DUE TO OR 45 A	CONSEQUENCE	OF 6 /	1	CL PRINT		,
thot d by eose iol, cr		underlying couse lost		Contra		-a		900	My
equires n signe Then pl to bur injury, o	NO	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIB	JING TO DEAT	HBUT NOT RELATED TO THE	HE TERMINAL D	ISEASE OR CONDITION	GIVEN IN PART 140	,
ow re beer rmit. prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPE	RATION WAS PERFORMED	20a		YES, WERE FINDIN	
The icron.	RTIF						NO P	YES 🗌	NO [
Hys Hoo		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MO		YEAR 21c. HOW INJURY	OCCURRED (E	NTER NATURE OF INJURY IN ITEM	B PART I OR PART 2)	
HYSICIA Iding p nis certif buriol-i Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJU	IDV	19 211. LOCATION				
NG PH After thus os the b th and /	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTO				CITY OR TOWN	COUNTY	STATE
NDIR ol or use Health		22a. I certify that (I) (this hospite	ol) attended the deceo	sed from	1-29 19		12-8	1982-	that (1) (we) lost
ATTI ospitt ECTC id for it. of m 21		sow the deceased alive on obove, (I) was (dig) (did not 226 SIGNATURE	view the body ofter de	oth.	ond that in (my) (our)	opinion deoth o	occurred on the dote and b		
the h		Decel 2	Hierock	- nen	DEGREE	DING MED	DICAL STAFF	22c. DATE	8-82_
PITAL by the VERAL Stote ANT:		22d. PHYSICIAN'S NAME (TYPE OR	PRINT)	77000	22e ADDRESS	CIAN O DIRE	CTOR   PHYSICIAN	9-20-0	1.10
TO HOSPIT. TO FUNER, should be a with the Sto		Douglas R.	Shum	aken	M.D. 7	ocku;	The The	0 00	350
D = 1 4 3 ₹	23a. I	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAM	E OF CEMETERY OR CREM.	ATORY 23d	LOCATION CITY OF TOWN	COUNTY	STATE
BP		BURIAL	12-12-82	MILL	ERS CHAPEL		JONESVILLE,	V:	IRGINIA
DHMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR		7 WILSO	IV DEVE	DEC 1	3 1982 200	ISTRAR'S SIGNATI	JRE.
	L	VES FUNERAL HOME	ARLI	NGTON,	VIRGINIA	DLO I	0 1002	-	may



18		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 2	0 0 8
C .	e ÷	CERTIFICATE OF DEATH	
you	e Dept	. DECEASED NAME First Middle Last 2a. DATE OF DEATH (Type or print) Manth Day	2b. HOUR
4	25 /	George Ray Hammond Dec. 4',	19826:55 M
Poge	o cc		ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.
م ح	å di	Male White Feb. 22. 1912 70 YRS.	DATS HOURS MIN,
de og h.	(A DATE	o. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
ler o	<b>以是要为</b> 人	Pa. U.S.A. WIDOWED DIVORCED Montgomery	Md.
of	1 O.	0. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b	. KIND OF BUSINESS OR
1201 haurs	le of by	Wheaton   Give street address)   Wheaton - Manor Care   Director - Safety   INC	DUSTRY AAA
21 21	short er d	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 11.	
AND I	1 2 5 T	dmission) STATE 13b. COUNTY # 24  MontgomeryWheaton YES NO 2003 Georgian	20902 Way Pl
RYL with	ond ond	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
W Ped	completely Pages 1 and hin 7 bour	UNKNOWN UNKNOWN	
NORE, M.	P 80	6a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17, INFORMANT Address COM	gord
LI W	ion and ca papers. Pog ent, within	(Yes, no, orunknown) (If yes give war or dates of service) 194-09-2983 Dr. LeeAnna Mielzarek Yellow	Spring Wa.
PRESTON STREET, BALTIMORE, MARYLAND 21201 the death certificate be executed within 24 hour	pap ent,	18 CAISE OF DEATH (Enter only one cours per line for (a) (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ET,	physici arban p	PART I. DEATH WAS CAUSED BY:	MULTITES
TRE	carby carby	1991	11100/53
N 4	ottending remove c	(anditions, if any, which gave) FLUID + PLECTROCITE IMPALANCE	DAYS
STON	otte rer	rise to immediate cause (a).  Stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	
	by the please remaval	Canditions, if any, which gave rise to immediate cause (a). (b) FLUID + ELECTROCITE IMBALANCE (c) WIDE SPREAD ADENOCARCINOMA  (c) WIDE SPREAD ADENOCARCINOMA	YR.
301 W.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
301	signed by nit. Then tion, or re		
DS,	ysician.  e has been significantly permit. Tourial, cremation,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDE CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Item 18	RED IN CERTIFYING
DIVISION OF VITAL RECORDS,	beer 7	YES NO CAUSES OF DEATH?	
I RE		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 16	3.)
/ITA	te has I-trans burnal,	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year  (If either, notify medical examiner) P.M.  2 Id INITIRY OCCURRED 2 To PLACE OF INITIRY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Town Court	
OF V	nding phys certificate he burial-triar to bur		nty State
NO	cert the b priar	at work at work	
VISI	otte his as th	22a   certify that (1) (this haspital) attended the deceased from may 1950, to 12/4, 1982	that (I) (we) last
D SN	After t r use ( Hygien	22a. I certify that (I) (this haspital) attended the deceased fram my, 1950, ta 12/4, 1982 saw the deceased alive an 27 and that in (my) (our) apinian death accurred on the date an causes stated abave, (I) (we) (did) (dig not) view the body after death.	d havr and fram the
ON ON	After or use I Hygie		
T E	CTOR: ched fo	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE S	
8		HINGUEREN MA DECKLENCE DEGREE PHYS. DIRECTOR PHYS. DEC.	6, 1982
4	by the	22d. PHYSICIÁN'S NAME (Type) Dischard Dolonor M. D. 4222 Horrord Chroot Who at	
HOSPITAL	TO FUNERAL should be of Health o	Richard Delaney, M. D. 14323 Havard Street, Wheat	
9	FUN houl f He	PEMOVAL (Specify)	inty) (State)
5	5 0 0	REMOVAL (Specify) 12/8/82 Ft. Lincoln Cemetery Brentwood	Maryland
DH	MH-16 t/71 30M	P. ADDRESS BOX 7428   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNAR   25b. REGISTRAR'S SIGNAR   25c. REC'D BY REGISTRAR   25c. REG'STRAR'S SIGNAR   25c. REC'D BY REGISTRAR   25c. REG'STRAR'S SIGNAR   25c. REC'D BY REGISTRAR   25c. REG'STRAR'S SIGNAR   25c. REC'D BY REGISTRAR   25c. REC'D BY REGISTRA	ishelf
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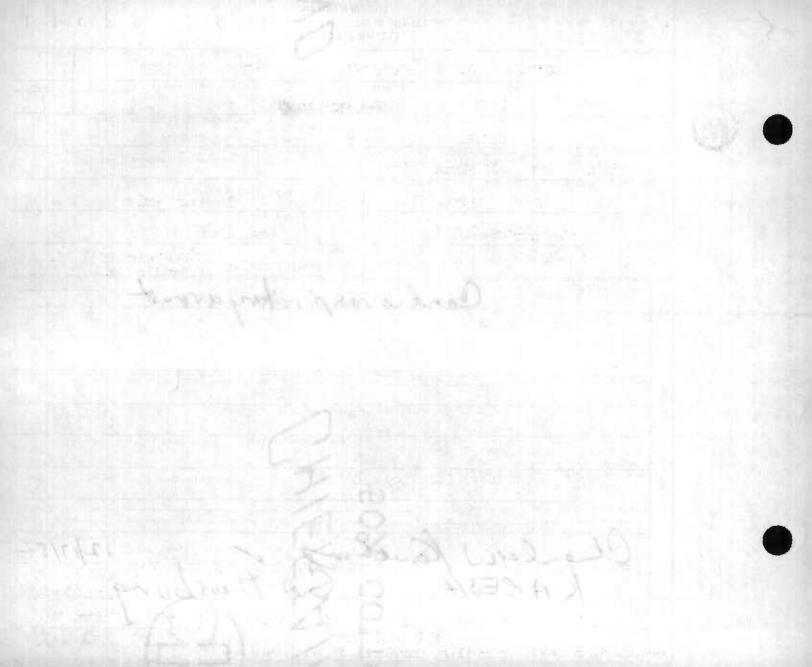
					. STAT	E OF MARYLAND			m
1	1 -	FOR - STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	3 2 6	0 9
	I DE	CEASED NAME FRST		MIDDLE		AST	20. DATE OF DEATH MONT	H DAY YEAR	26 HOUR
F 3		CHARL	ES	17.	14/	ARDIE	12		
000	3. SE	X	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)		T M
ge 4 m	0.00	MALE		ITE	MONTH 8	- 11 - 27		YRS. DAYS	HOURS MIN.
8		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY OR CO	UNTY OF DEATH	
death		COUNTRY) PA	U	SA	WIDOWE	D DIVORCED	MONTG		MD.
1 11 100	10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN CHEACHITY, GIVE STREET		OR OTHER INSTITUTION	12ª USUAL OCCUPATION Seo version work	126. KIND	OF BUSINESS OR
13 185		OCKVILLE	SHAD	4 GROVE	VOA	ENTIST HOSP,	Representat		ilding
d in	13a.	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	136. CITY OR TOW		13d. INSIDE CITY LIMITS?	1134 STREET ADDRESS (2	08521	
		4.4 %	VTG	ROCKVII		YES NO	130 STREET ADDRESS (2	KVILLE	PIKE
sh 2 sh	14. F/	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		
od of		Augustus Br	unner	Hardi	_	Gertrud	WIDDLE		AST
E 0 / 301	11 1	VAS DECEASED EVER IN U.S. AI		1166 SOCIAL SECU	_	17. INFORMANT	ADDRESS	John	Ison
Pages medical	100 V	YES NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			of the second se			
0 0 E		Yes WW 1	. 1.	19220	2060	Ruth R. Ha	ardie, same		
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phy nav rent	100	PART I. DEATH WAS CAUS	ED BY:	NERF	AIL	URE (HEI	PATIC COMA	1	DAY
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0 5 5 -		gave rise to immediate couse (a), stating the	DUE TO C	R AS A CONSEQUE	NCFOF				
by th ase re I, cren ather		underlying couse last.	( (a)						
ple ple		PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO I	DEATH BUT	NOT PELATED TO THE TERM	IN AL DISEASE OF CONDITIO	N GIVEN IN DART I	100
sign hen ia b juny	Z					ARTZIRY D			AL ULCER
ir. T	CERTIFICATION	190, DATE OF OPERATION				N WAS PERFORMED		IF YES, WERE FIND	
S ar a S	2							CERTIFYING CAUSE	S OF DEATH?
in how	TE	10-24-82			7L S	NUDRONE	YES NO	YES 🗌	NO 🗌
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iding physici nis certificate burial-transi Mental Hygi ar Item 18 sh	MEDICAL	21d. INJURY OCCURRED		OF INJURY	- 17	21f LOCATION			
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DIRECTOR DEPT.		22b. SIGNATURE	A VIEW THE BOOK	offer deoffi.		DEGREE			TE SIGNED
2 2 2 2		Olan N Si	1. 1/11	10.1	MA	ATTENDING .	MEDICAL STAFF DIRECTOR PHYSICIAN [	12	130/82
RAL D detac tate D NT. If		COTEN IV.	-unev	con	, chi	The state of the s	DIRECTOR PHYSICIAN		130182
od b		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS	ICAL CENTZ	R DRII	JL-
TO FUNERAL D should be deto with the State D IMPORTANT: If		ALAN N. SC	THULL	NAN	tor V	9.713 7120	CKVILLE MD	. 208	50
TO FUNE should be with the S IMPORTA	23a	BURIAL, CREMATION, REMOVA	123h DATE -	23/ N	JAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
0.0	. 54	(SPECIFY)	J				CITY OR TOWN	COUNTY	STATE
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MH - 16 50M 4/82	24. F	UNERAL DIRECTOR Rober	t A. P	umphrey	Fune	eral ZSOLDAT	E REC'D. BY REGISTRAR 25b. R	EGISTRAR'S SIGNA	ATURÉ
(VRA 15, 4)		mes, P.A. Be					51000	G. 2. C	will !
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

the said of the sa

George R. Snowden Rockville, Maryland 20850



Julia 17, 1982 17, 1982 11:70 oz 1,50010 

MPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical examiner must be notified at ance.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	5
CEDTIEIC ATE OF DEATH	100

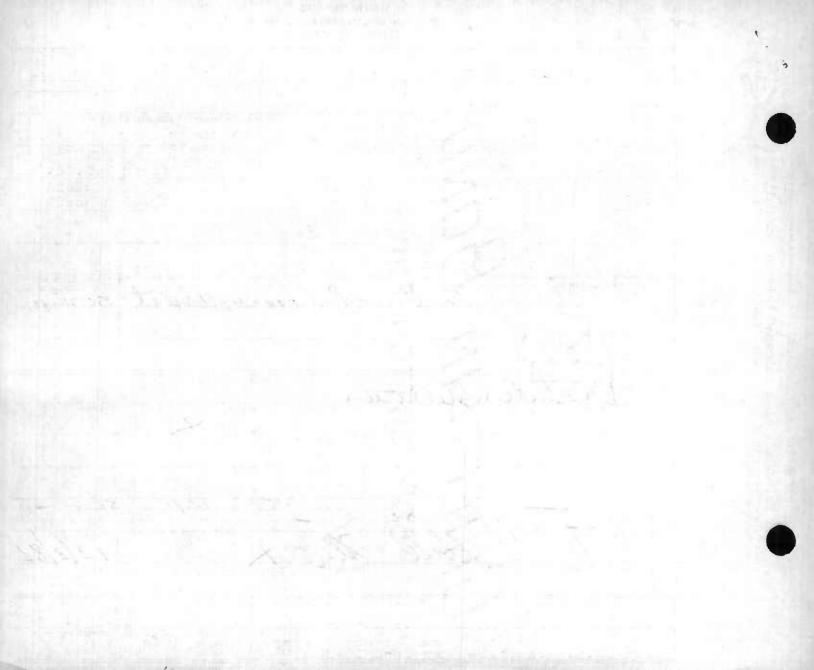
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3. SEX		REGISTRAR		CER	III.CAIL OI DEATH	REG. NO.	
RICHARD  RICHARD  RACE  MALE  Caucasian  April 19, 1991  April 1991  April 1991  April 1991  April 1991  April			MI	DDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
MALE  Caucasian  April 19, 1919  April	(TYPE (		hard K	Celly	HART	December 1, 1	982 855p ^
MALE    BORTHPLACE (STATE OF FORCE)   The CHIZEN OF WHAT COUNTRY   WAS INTEGED   TO COUNTY OF CO	3. SEX		4 RACE				
Washington, DC United States   MARRED   NEVER MARRED   DIOVACED   MONTGOMERY COUNTY   NO MO				ian Ap		9 63 YRS.	
Washington, DC   United States   widowed   Dworced   Montgomery   Montgomery   Nothington   No			76. CITIZEN OF W	HAT COUNTRY? 8.	DIED X NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
BETHESDA  (FACE A SUCH PACIFIC CHIEF ADDRESS)  SUBURBAN HOSPITAL  SIDEMAN HOSPITAL  SUBURBAN HOSPITAL  SUBBAN HOSPITAL  SUBURBAN HOSPITAL  SUBURBA	Wa	shington, Do		States   WIDO	WED DIVORCED	MONTGOMERY COUN	YTI
18 STATE   18 SOUTH	В	ETHESDA	SUBURI	FACILITY, GIVE STREET ADDRESS) BAN HOSPITAL		(TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY  T U.S.Gov't.
RICHARD  RIC	. 13a. S1	TATE 43b. C	OUNTY	3c CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 10004 South G	
STEE, ONE WARD IN STREET ON THE CONSTRUCTION OF COURSE PER FIND IN THE CONSTRUCTION OF COURSE OF COURSE OF CONSTRUCTION OF COURSE OF COURS			MIDDLE K.	Hart, Sr	FIRST		
BL CAUSE OF DEATH   Enter only one couse per line for (o), (b), opd (c1.)   PART I DEATH WAS CAUSED BY:   DUE TO, OR AS A CONSEQUENCE OF			S. GIVE WAR OR DATES)			ADDRESS	
PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (0)		Yes W	V II 5	79-14-978	7 Mary Jane	Hart, same as	#13
OR CONTRIBUTING CAUSE OF DEATH    A.W.   A.M.   A.M		underlying couse last PART 2 OTHER SIGNIFICA	y) CONDITIONS CON			100 AUTOPSY? 1206 IF YES	, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH    A.W.   A.M.   A.M	Ē						
270. I certify that (I) (this housest) attended the deceased from		OR CONTRIBUTING CAUSE O	F DEATH HOUR A.M.	MONTH DAY YE	AR	IRRED (ENTER NATURE OF INJURY IN ITEM 18, P)	ART 1 OR PART 2)
sow the deceased alive an above. (I) (a) 19 did not view the body after death.  19 DEGREE 22d. PHYSICIANS NAME IN COUNTY STATE  22d. PHYSICIANS NA	_	21d. INJURY OCCURRED	21e. PLACE OF	INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
22d. PHYSICIAN STATE							19.62_, that (I) (-) los
22d. PHYSICIAL STATE  22d. PHYSICIAL STATE  22d. ADDRESS 615 West Montgomery Avenue Rockville, Maryland 20850  23d. BURIAL, CREMATION, REMOVAL 23b. DATE Dec. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN CITY OR TOWN COUNTY STATE		sow the deceased aliv abave, (1) (4-51-4-1) (de 17h SIGNATURE	e an	ter death.	DEGREE	MEDICAL STAFF	
William G. Hall M.D. Rockville, Maryland 20850  230. BURIAL, CREMATION, REMOVAL 23b. DATE Dec. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE	1 1	22d. PHYSICIA STOME	VPE OR PRINT)		013	West Montgomer	ry Avenue
(SPECIFY) Description COUNTY STATE		William G.		, D ,	Roc	kville, Maryla	nd 20850
		IDIAL CREMATION DEMO	MAL DATE TO	22. NIAME O	E CEMETERY OR CREMATORY	224 LOCATION	

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral P.A. Rockville, Maryland 20850 Homes,

256. DATE REC'D BY REGISTRAR 266. REGISTRAR'S SIGNATURE.



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19/18/22 Pt. Lincoln suctory

Brentwood P. G. Imrehand

'Augris (Loch's Cons Puncer) dese, P.A. Tyrttsville, Dd.

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DHMH - 16 50M 4/B

	1-	FOR - STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	3 2.	6   6
		CEASED NAME FIRST		BUNIER ,	11. 2	EN	20 DATE OF DEATH	MONTH DAY YE	AR 2b. HOUR
N	3. SE		i. race CAUCA		S. DATE O	E 13°, 1900	82	VR5	DAYS HOURS MIN
的	u	JASHINGTON, D.C.	u.s.		WIDOWE			bomery	County MD.
Solities	S	ilven Spring	1674	HEACHTY, GIVE STREET	ADDRESSY	POTHER INSTITUTION	129 USUAL OCCUPATI (TYPE OF WORK FOR MOST O CHURCH	SECRETARY	ND OF BUSINESS OR
135	MAR	AL RESIDENCE (IF NURSING HOME OR OF STATE 13b COUNT MONTG	ÒMERY	SILVER S	PRING	138. INSIDE CITY LIMITS?	130. STREET ADDRESS	LUMBIA PIK	E 20901
150		JOHN		RAGUNTER	IDITY	15. MOTHER'S MAIDEN NAM	MIDDLE	UNKN	own
e medico		VAS DECEASED EVER IN U.S. ARN YES, NOOR UNKNOWN) (IF YES, GIVE NO	MED FORCES?	578-03-		ANN H. GOULT		AS 13	DAUGHTER  PPROXUMATE INTERVAL WEEN ONSET AND DEATH
njury, ar other traumatic eve	NO	Conditions, if ony, which gove rise to immediate couse IoI, stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CO	(b)	R AS A CONSEQUENT OF THE PROPERTY OF THE PROPE	ENCE OF	heart dire	INAL DISEASE OR CON	DITION GIVEN IN PA	reselyas
huo smo	TIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
ced or frem 18 sh	MEDICAL CERT	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED  WHILE NOT WHILE	P.: 21e. PLACE	M. MONTH D M.	19	211. LOCATION	CITY OR TO		
MPORTANT: If them 21 is mark		270.1 certify that (I) (this hospite sow the deceased alive on obove, (I) (we) (did) (did not 27% SIGNATURE 222d PHYSICIAN'S NAME (Neet bit 1) SIGNATURE	view the body	ofter death.		22e ADDRESS	death accurred on the dia	FF	. 11101 (17 (100)1031
_		BURIAL, CREMATION, REMOVAL SPECIETY BURIAL	23b. DATE 12/24	4/82 A		FON NATIONAL	ARL'INGTO		RGINIA STATE
4/82	24. FI	UNERAL DIRECTOR FRAN 00 UNIV.BLVD.,W.		COLLINS R SPRING,	MD. 20		EC271982	ZIN THE ISTRAR'S SIC	Court

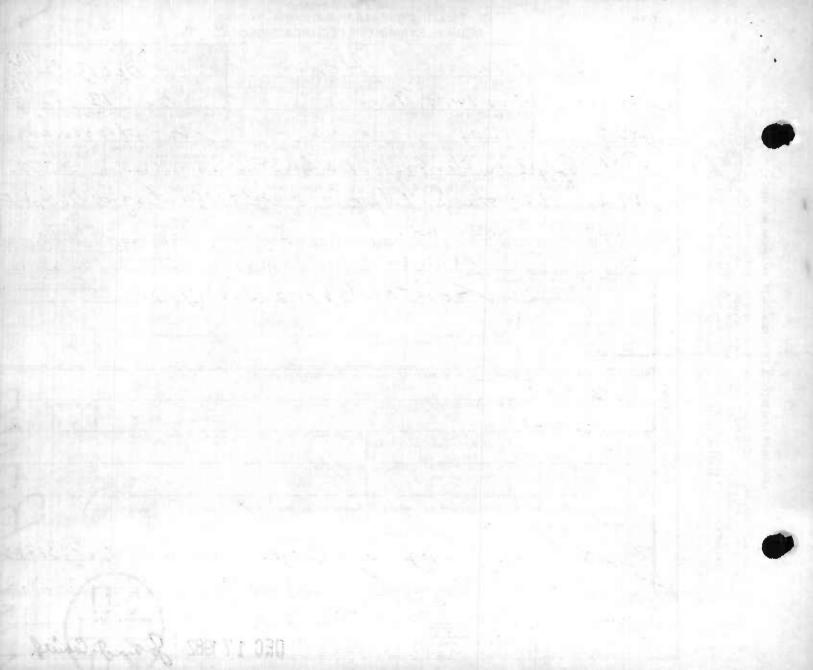
Mention who was from 1901 190 1972 1982 / 1272]  DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Item #16b per phone cal w/Fun. Hom STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-4. RACE DATE OF BIRTH AGE (IN YEARS UNDER 24 HRS DATE PRONOUNCED TE BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY MARYLAND WIDOWED DIVORCED I . CITY OR TOWN OF DEATH 126 KIND OF BUSIDE ASST. STATION MASTER WASH TERM. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FRANKLIN MARY HENRY CRAWFORD ALTCE DIVISION 166 SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT LAWESS 1702 WHITE OAK DR NO 718-14-9608 SILVER SPRING, MD. 20910 HENRY 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D. IL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CH GE 3 SHOULD BE U YES TO B 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET STATE CITY OF TOWN COUNTY NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described obove, held an Autopsy and in my opinian death resulted from: Notural couses Homicide Undetermined manner TITLE (SPECIFY) HAMINER'S NAME JOHN S. ROGERS ADDRES J 919 SEMINARY ROAD SILVER SPRING MD 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 12/16/82 BURIAL PROSPECT HILL CEMETERY WASHINGTON FRANCIS J. COLLINS 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** 500 UNIV.BLVD..W..SILVER SPRING.MD. 20901 (VR A15 ME (5))

20M 4/82

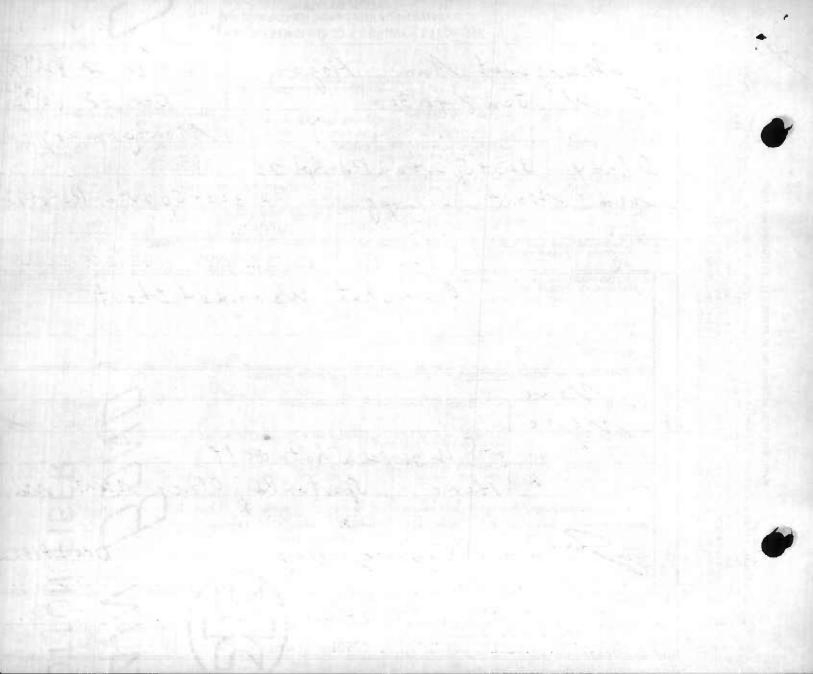


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<b>4</b>	offer de	3. SE	Female	Cai	ucasia	an	5. DATE O		6. AGE (IN YEA	ARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS	
		9	IRTHPLACE (STATEORFOR COUNTRY)  New York	U	SA	VHAT COUNT	RY? 8. MARRIEI WIDOWE	D NEVER MARRIED DO DIVORCED	M	ecity <u>or</u> count ontgomer	y Cour		
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MARYLAND 2120	tilled in though be er frust be	130		Montgoi	mery	Kens 1	goton	136. INSIDE CITY LIMITS? YES NO		DDRESS Thornwood	Road	20895	
AL B	ond 2 s	14. F.	Joseph	MIDDLE			ers	15. MOTHER'S MAIDEN NA FIRST Louis	a	MIDDLE	Lest		
IMORE, EDIC,	Poges 1		WAS DECEASED EVER IN YES, NO OR UNKNOWN) NO	U.S. ARMED I	FORCES? OR DATES)		3 015	daughter, M	Thorn argaret	wood Ro Musgrove	ad Ker Mary		
S, M	physicia on papers emoval.		18. CAUSE OF DEATH PART I. DEATH WAS	Enter only one CAUSED BY:		ine for (a), (b)	ond (ci.)	is, GENERAL	AND CE	REBRAZ		MATE INTERVAL ONSET AND DEATH	
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3 0	by the case remo		gave rise to immer couse (a), stating underlying couse	-1	D <del>UE TO, OR</del>	AS A CONSE AND	RESP.	ARRET (	TERMI	VAZ)	1 Ho	UR	
RDS, 201	n signed Then ple r to buric injury, o	NO		CANT COND			FIRALIZ	NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIV	VEN IN PART 1	0	
ARED ARED	on. hos bee t permit. ene prio	LIFICATION	CERTIFICATION	190 DATE OF OPERATIO	1	196. CONDIT	ION FOR WH	ICH OPERATIO	N WAS PERFORMED	YES	IN CERTI	S, WERE FIND II FYING CAUSES ES []	
OF VITA	a physical properties of the physical p	-	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL	SE OF DEATH	HOUR A.A	A. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATI	URE OF INJURY IN ITEM 18	PART 1 OR PART 2)		
CLEARED BY	othending ter this of s the bur nond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	1/	TIE. PLACE C	OF INJURY SET, FACTORY, OFF	ICE. FARM ETC.)	ZII. LOCATION STREET		CITY OR TOWN	COUNTY	STATE	
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	the hose of the post of the post of the post.		226. SIGNATURE	es 9	7	Certs.		DEGREE ATTENDING	MEDICAL	STAFF PHYSICIAN	22c. DATE		
	etoined by TO FUNERA should be d with the Sto		JAMES			475,	MD.	8907 GEVI			ER SPR	iNG,MD.	
Ş	BP		BURIAL, CREMATION, RE		30,19	82	Baltin	EMETERY OR CREMATORY Ore Nation	al Ba	ltimore,	county Marv1	STATE	
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•		FOR STATE		DEPARTMENT OF H	EALTH AND MEN	TAL HYGIENE	3 2	0621
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√.		CEASED NAME	FIRST	WIDDLE	LAST	20. DATE	KNOWN A MONTH	DAY YEAR 26 HOUR
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T., BALTIMORE, MD. URS AFTER DEATH. II B. GIVE PAGES 1, 2, WITH FORM PM 3. II. PAGES 1 AND 2 S II. DIVISION OF MALL	(4	is, no, or unknown) (	(IF YES, GIVE WAR OR DATES)	215-44-43	99 WILLT	AM K. HOGAN	SAME AS	13 HUSBAND
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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG NO

FOR

REGISTRAR

- STATE

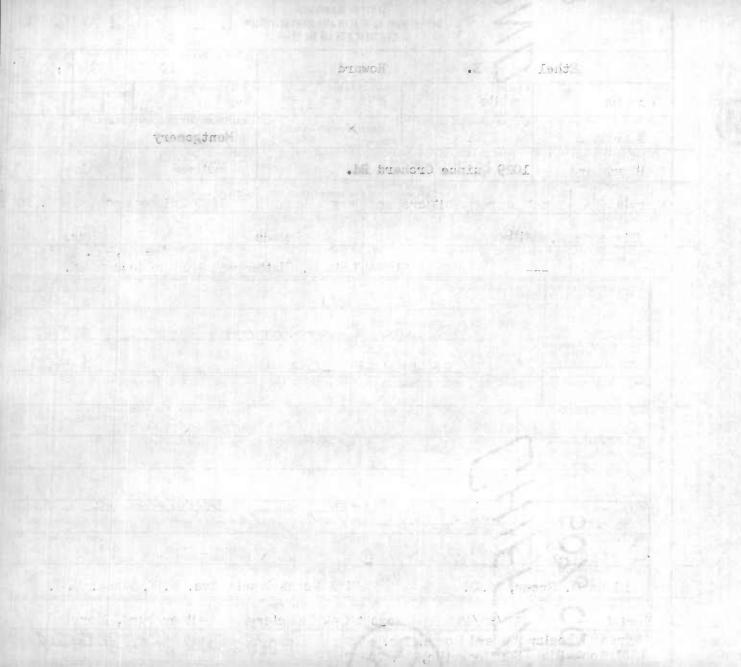
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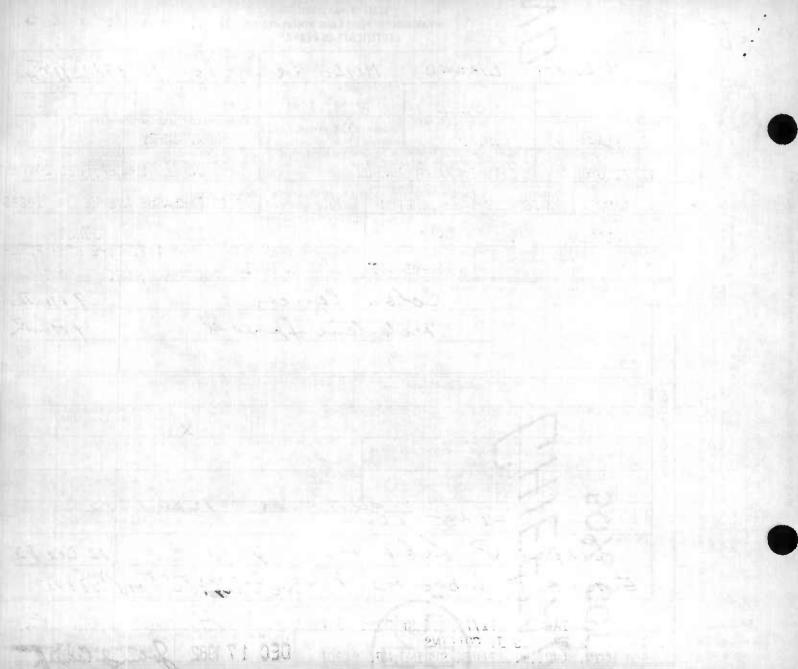
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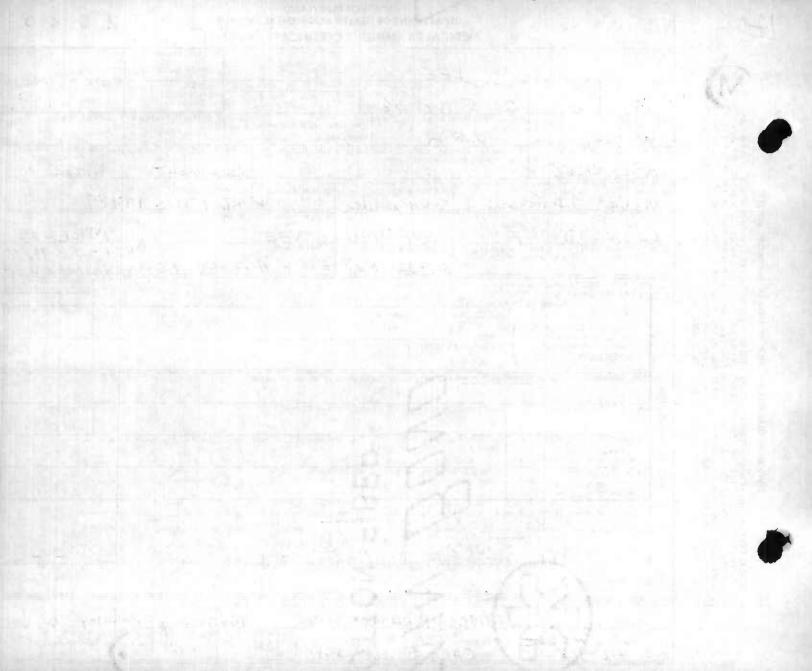
STATE OF MARYLAND

b	1.	FOR STATE REGISTRAR			DEPAR	MENT OF H	OF MARY EALTH AND ICATE OF	MENTAL HYG		REG. NO.	3	2 5	2 4
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TED WITHIN 24 HOURS AFTER DEATH IF ANY DELA N PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO XXAMINER ALONG WITH FORM PM 3. RETAIN PA AL-TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BEI MENTAL HYGIENE, DIVISION OF VITAL RECORDS. NA, OR REMOVAL.		18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b	), ond (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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OF TANK		cause (a) stating the under- lying cause lost.	DUE TO, OR AS A CO	NSEQUENCE OF			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PAGES 1, 2, AND: RDS SHOULD BE USED AS A BURIAL - TRANSIT FERMIT PAGES 1 AND 2 SHOULD EDEARTAMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO. 101 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying coose lost.	(c)				
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ITAL RECORDS, HOULD BE EXECORD, SPENDING, CHIEF MEDICAL E USED AS B B U OF HEALTH AN JRIAL, CREMATI	z			ALCO TO THE TERMINAL GISERS	or condition diven in the	CKI I IU.	
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5 QHE355		UNDERLYING OR	HOUR A.M. MONTH				
S THE CARE	MEDICAL	CONTRIBUTING CAUSE OF I	DEATH P.M. 21e PLACE OF INJUR	19	CATION		
IVIST CERT DED DEP DEP DEP	AE I	WHILE NOT WHILE	STREET, FACTORY, FARM,		STREET	CITY OR TOWN	COUNTY STATE
DIVISION OF VITAL R. F. THIS CRITIFICATE SHOULD E. WRITING THE WORD." PWARDED TO THE CHIEF. F. PAGE 3 SHOULD BE USED STATE DEPARTMENT OF HE 5.21201 PRIQR TO BURILA.	1 4	AT WORK AT WORK					
E, V				The state of the			
# 208 H S		220. I certify that I taak charg	ge at the remains described ob	ove, held on Autop	osy XI. Inspectio	on 🔲 , Inquiry 🔲 ,	and in my apinian
MER PER		death resulted from: Natur	ral causes X. Accident	, Svicide	Homicide	Undetermined monner	
A W S C ER		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Other.	1 900	TITLE (SPECIFY)		
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ZEE SEE		SIGNATORE		// / /		MEDICAL EXAMINER	SIGNED
S C C C C C C C C C C C C C C C C C C C	2	EXAMINER'S NAME DOM	nnis F. Smyth.	M.D.	ADDRESS II	I Penn Street	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: P AFFER DEATH, WITH THE ST BALLIMORE, MARYLAND, 2	7				ADDRESS		
F07149	23a. 8	SPECIFY)	23b. DATE 23c.	NAME OF CEMETERY C		23d. LOCATION CITY OR TOWN	COUNTY STATE
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	24 F	UNERAL DIRECTOR	Bo	x 86	25a. DATE	REC'D BY REGISTRAN	EGILLAR'S SIGNATURE
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(VK A15 ME (5))	W.	C. HILTON	DARN	ESVILLE, 1	ia. John	V	12 19-



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FOR

REGISTRAR

- STATE

BALTIMORE CITY OR COUNTY OF DEATH 136. STREET ADDRESS EASTERN AVENUE WEINSTEIN WEST 1199 UNIVERSITY BOULEVARD. RABBI JULIUS HYATT, SILVER SPRING, MARYLAND BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 221. DATE SIGNED BURIAL 12/6/1982 SUPERTOR HEBREW WISCONSTN STEIN HEBREW MEMORIAL FUNERAL HOME CARROLL STREET. N. W., WASHINGTON, D.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO.

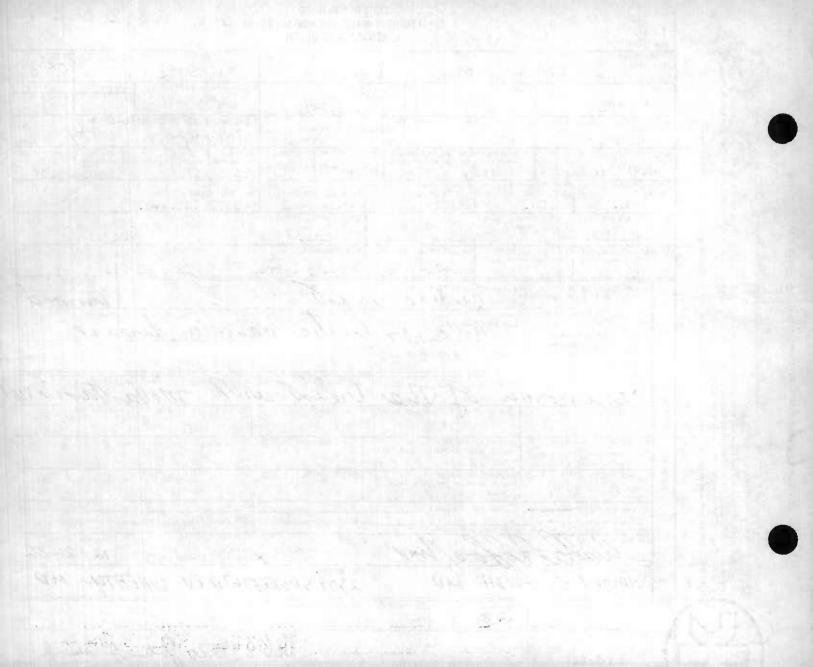
2b. HOUR

10.

IF LINDER 24 HRS

IF LINDER I YEAR

Hardesty



FOR

REGISTRAR

- STATE

WILLIE F. JACKSON, 1705 N. ARGONNE AVENUE CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED NAVAL HOSPITAL, NAVAL MEDICAL COMMAND. NATIONAL CAPITAL REGION, BETHESDA, MD 20814 DHMH - 16 50M 1/81 (VRA 15. 4) J. BERKLEY GREEN, 721 ELDEN ST., HERNDON, VA

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

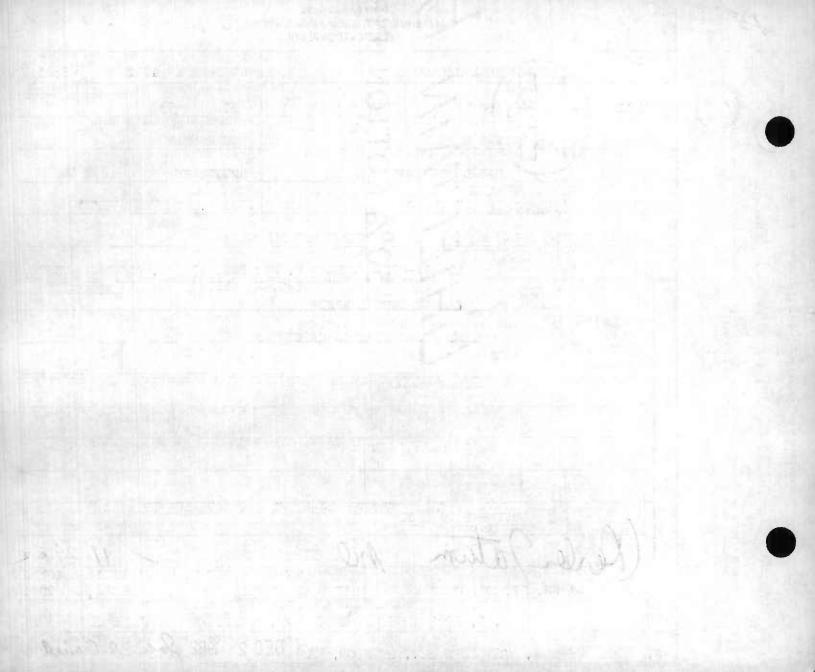
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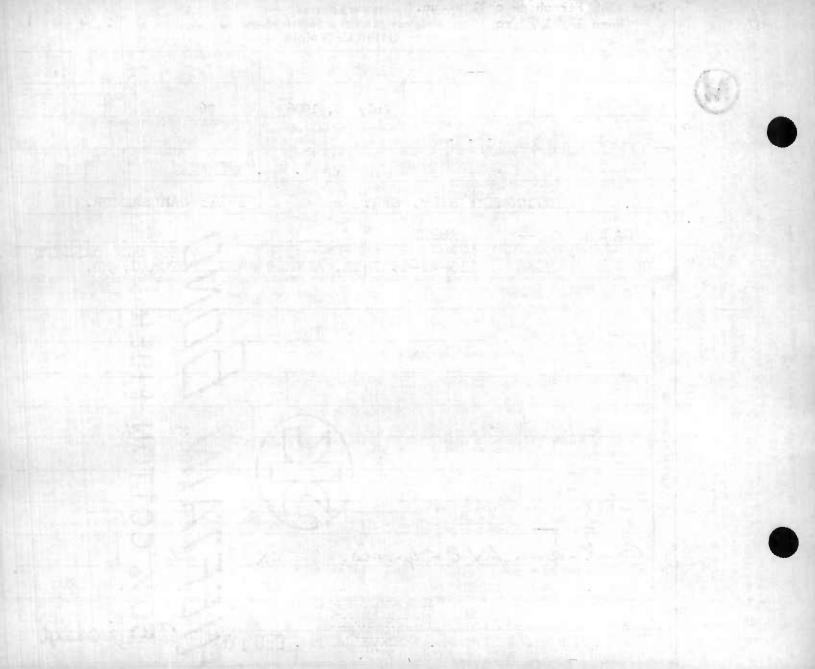
OWN HOME

IF UNDER 24 HR

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		CEASED NAME FIF	rst	MIDDLE	CERTIFICA		2a DATE OF DE	ATH MONTH	DAY YEAR	2b HOUR
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requires that the death certificate is signed by the attending physic. Then please remove carbonpape in the buriol, cremption, or removal injury, or other traumantic event, the DIACL EXAMIN	NO	Conditions, if ony, wh gave rise to immedicause (o), stating underlying cause lo	ich (b)_ inte the ast. (c)	OR AS A CONSEOU	ENCE OF	RELATED TO THE TER	RMINAL DISEASE O	R CONDITION GIV	EN IN PART 10	5
he law re ion. has been it permit.	CERTIFICATION	190 DATE OF OPERATION	19b CON	DITION FOR WHICH	OPERATION WA	AS PERFORMED	200 AUTOPS	IN CERTIF	, WERE FINDIN	
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upinG PHYSIC I or attending R. After this cert use as the buriel tealth and Ment s marked or then	MEDICAL	214. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	LAT HOME S	E OF INJURY STREET FACTORY, OFFICE,		LOCATION	CI	TY OR TOWN	COUNTY	STATE
TTENDIN ipital år STOR: Af for use o of Health 21 is mo CLE		22a.1 certify that (1) (this saw the deceased of above, (1) (wer (did) (	ive on			t in (my Jour opinio	82 , ta 1	. 2/5 In the date and hav		that (I) (we) lo
Al OR A the hos Al DIREC letached site Dept. T. If them	H	Carol &	en len for	V. B. FIR	semb		MEDICAL DIRECTOR []	STAFF PHYSICIAN []	22c. DATE	SIGNED
O HOSPITA O HOSPITA TO FUNERA should be de with the Stat		DR . CA	ROL BENI	) DER	22e	ADDRESS 11510 OL			D. ROC	KVILL:
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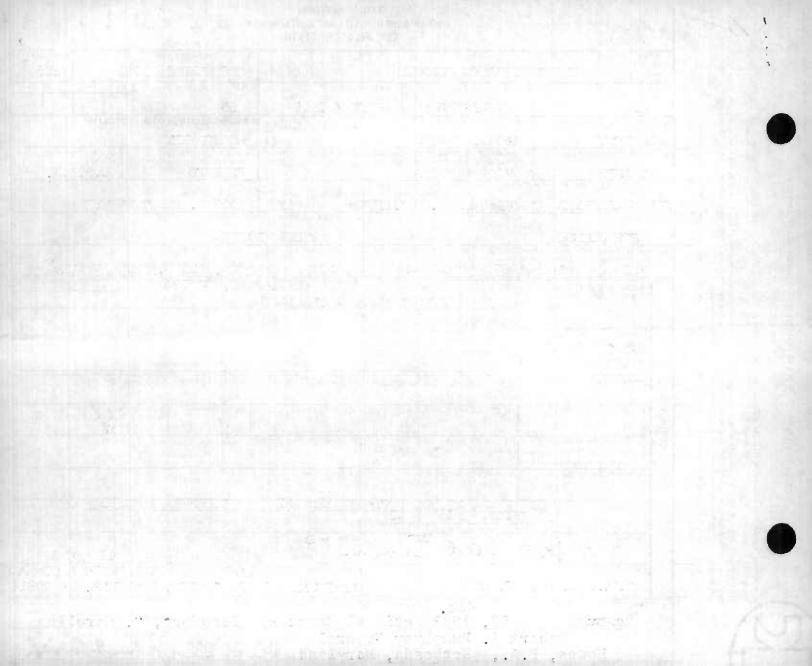


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TAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 HOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA BED "PENDING" EN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO E-HIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETAIN P. E. USED AS A BURIAL - TRANSIT PRAMIT. PAGES 1 AND 2 SHOULD BE 1 OF HEALTH AND MENTAL HYGIENE, DIVISION OEVITAL RECORDS, DIRIAL, CREMATION, OR REMOVAL.	NO	couse (a) stati	st.	(c)	R AS A CONSEQUENC		SE OR COMOITION GIVEN IN PA	RT 1 (a)				
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20. DATE OF DEATH 2b HOUR TYPE OR PRINTI 3 SEX 6 AGE IN YEARS LAST BIRTHDAY) PUNDER TYEAR MONTH ONTHS DAYS CAUCASTAN JULY 24.1907 9. BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE ISTATE OR FOREIGN MARRIED X NEVER MARRIED COUNTRY DIVORCED **PENNSVI VANTA** CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12s. USUAL OCCUPATION U.S. GOVT. Holy Cross USUAL RESIDENCE (IF NURSING HOME OR OTH 130. STATE WE OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION OUNTY 136. CITY OR TOWN 13a. STREET ADDRESS 13d. INSIDE CITY LIMITS? MARYLAND MONTGOMERY SILVER SPRING YES X 11718 KINGTREE STREET 20902 NO [ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ANDREW W. JOHNSON ANNA CAROLINE HERMANSON ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) YES WW 77 220-42-3921 GRACE M. JOHNSON SAME AS 13 WIFE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for A, (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF CARELLAMA Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 7 NO YES T NO F 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH HE EITHER NOTIFY MEDICAL EXAMINER) P.M. 10 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from... 10 82 12/30 and that in (my) (our) point and eath occurred on the date and hour and from the causes stated above. (If we) (did utild not) view the body after death. 22h SIGNATUR DEGREE 22c. DATE, SIGNED ATTENDING PHYSICIAN TOTRECTOR PHYSICIAN MPORTANT: 224 PHYSICIAN'S NAME (TYPE OR PRINT 22e ADDRESS ld b 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE (SPECIEVE CREMATION IMETROPOLITAN CREMATORYI ALEXANDRIA VIRGINIA 24 FUNERAL DIRECTOR FRANCIS J. COLLINS DHMH - 16 50M 4/82 500 UNIV. BLVD., W., SILVER SPRING. MD. 20901 (VRA 15, 4)

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DHMH - 16 50M 4/B2 (VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAMI Mabel Johnson 26. DATE OF DEATH MONTH 26 HOUR TYPE OR PRINT 8z 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 9. BALTIMORE CITY OR COUNTY OF DEATH Montgomery 12a USUAL OCCUPATION 17h. KIND OF BUSINESS OR Clerk - AEC "US Gov't. 21909 Greenbrook Drive Bowey ADDRESS Margaret S. Johnson, Same address as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 70h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN STATE . 19 . and that in (my) (mr) opinion death accurred on the date and hour and from the couses stated 221. DATE SIGNED DIRECTOR PHYSICIAN Georgetown Rd 12/24/82 Cedar Hill Crematory Cremation Suitland, Maryland 24 FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc. 5130 Wilsconsin Ave., NW, Washington, D.C. 20016 BY RECISTRAR 25 RECISTRAR SISIGNATURE

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n signed by the ottending physic Then pleose remave carbon page tra burial, cremotion, or removi- injury, or other troumatic event, the	0 NOI	2030 Conditions, if ony, we gove rise to immediate (a), storing underlying cause	DUE TO, O  which the DUE TO, O  lost. (c)	R AS A CONSEQUENCE OF  RAS A CONSEQUENCE OF  ONTRIBUTING TO DEATH BUT  WITH NEUTO, AA	thy, old 1	anal Disease or coni	H	
roote has been roots the permit. Hygiene prior 18 shows any i	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER		ITION FOR WHICH OPERATION	21c HOW INJURY OCCUR	200 AUTOPSY?  YES NO	IN CERTIFYING	RE FINDINGS USED GCAUSES OF DEATH?
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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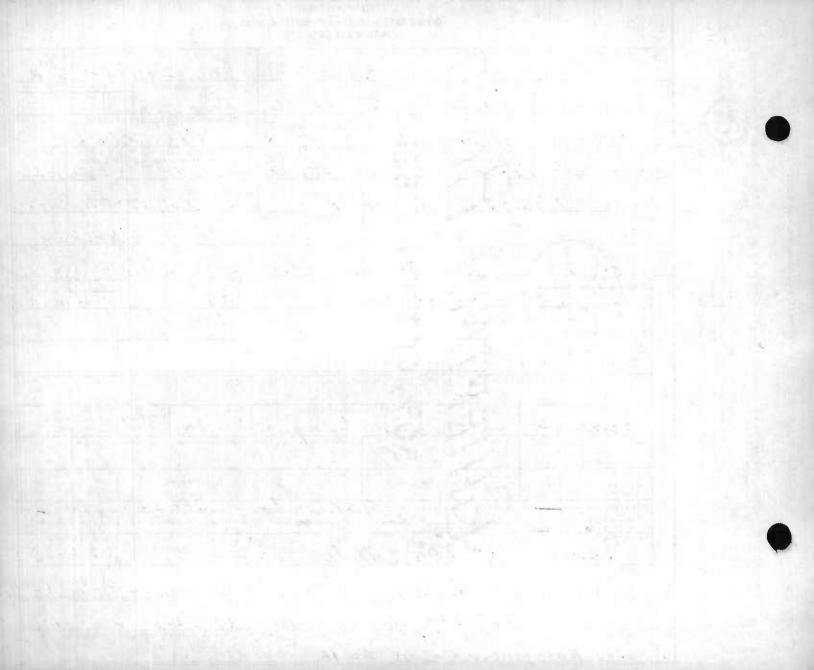
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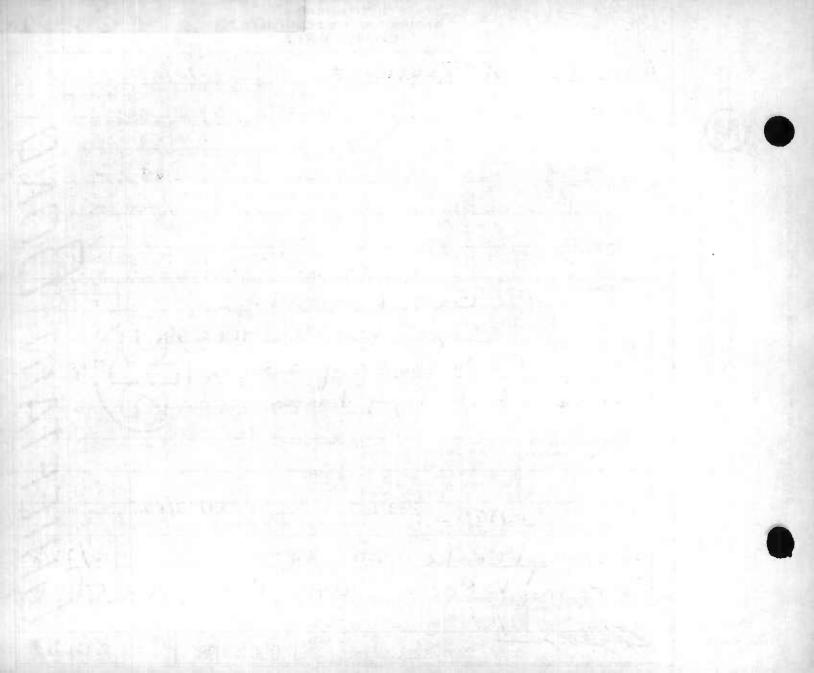
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 26 HOUR 1. DECEASED NAME MIDDLE 28 DATE OF DEATH MONTH YEAR LITYPE OR PRINT 16 3 SEX DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR # UNDER 24 HRS MONTHS OAYS HOURS To BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Non torometer WIDOWED DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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130. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13R. STREET ADDRESS Pr. Geo 4104 SteconoA YES Z NO [ 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST Willeke George Elizabeth Maru Ruppert 16R, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 578-62-0940 Mary T. Hartman Daughter Same as METWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Encumonia IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PARLE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION vjorioscleronic conses 10 190 DATE OF OPERATION 20a AUTOPSY 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOX YES NO [ Hygi 210. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO, PART 1 OR PART 2) DAY YEAR HOUR A.M. MONTH lental OR CONTRIBUTING CAUPE OF DEATH LIF EITHER NOTIFY MEDICAL EXAM P.M 714 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK NOV 27a.1 certify that (1) (New hospital) attended the deceased fram. \$ 2., and that in (my) (our) apinion death accurred on the date and haur and from the causes stated saw The deceased olive an obove, (1) (we)-(did) (did not) view the body ofter death 22h. SIGHATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN IMPORTANT TO FUNERA should be del 224 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Are. Silver Spring Ma 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION REMOVAL 2. DATE STATE Burial Dec. 18.1982 St. Mary's Cemetery Washington, D.C. 24 FUNERAL DIRECTOR Francis J. Collins 266. REGISTRAR'S SIGNATURE DHMH-16 25M University Blvd. W. Silver Spring. Md. (VRA 15, 4) 1/79

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MORE	Pages Pages	166.	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRESS	, ch.Ch.
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	ortal Sortal TOR for up of He		saw the deceased alive or	4/2./	and that in (my)	death occurred on the date and h	
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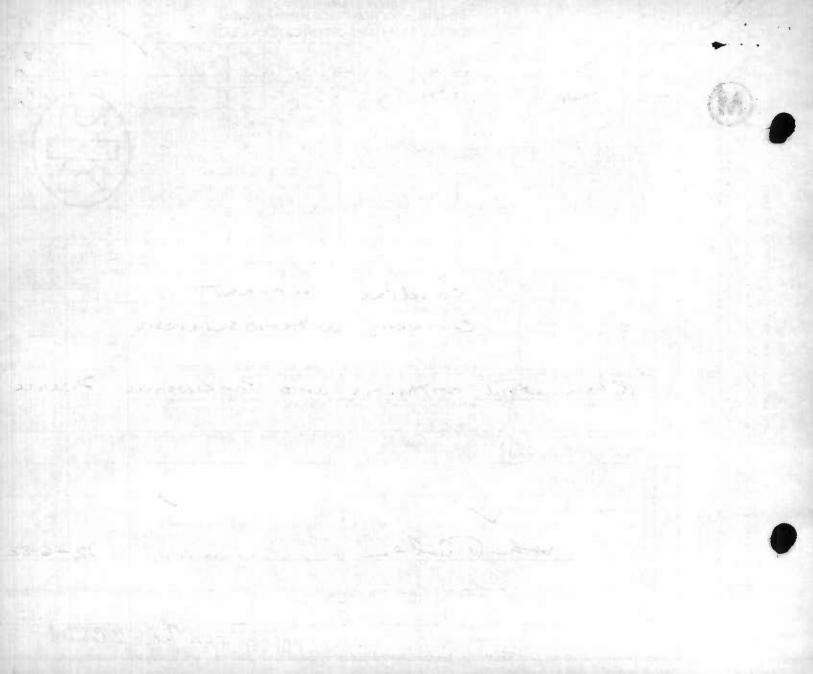


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by the		underlying couse lost.	DUE TO, OR AS A CONSEC	QUENCE OF	and le	22 6	3	Louis
n plec buriol ry, or		PART 2, OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING		NOT RELATED TO THE T	PANNAL DISEASE OF CON	DITION GIVEN IN PA	PT 1(a)
The to	ON	Chimi 6	olostrula !	11.00	dise			
prior	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
te hos	F					YES NO	IN CERTIFYING CA	NO
rrificate I	Ü	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PA	RT 2}
certificat riol-tran ental Hy frem 18 s	S P	OR CONTRIBUTING CAUSE OF (	DEATH	19				
M W	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	OWN COUNT	ITY STATE
os the lith and larked	2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC }	SIRCET	CIT ON IC	1	JIAIE
0 0 E		220-1 certify that (I) (this has	spital) attended the deceased from	m 197	, 19		82,19	, that (I) (we) last
for us of He 21 is		sow the deceased alive a	not) view the body ofter death.	, 01	nd that in (my) (our) apini	on death accurred on the d	ote and hour and from	n the couses stated
DIRECTO DIRECTO Dept. of Filtern 21		226. SIGNATURE	- O	111111	DEGREE		226. [	DATE SIGNED
		Lerenn	Weahe	W	D ATTENDING	MEDICAL STA	FF IAN I	2/28/82
FUNERAL uld be det	1	22d. PHYSICIAN'S NAME (TYP	E OPPRINT)		22e. ADDRESS	4	4	1
		Jerem	4 V- 600/4	Ce	10400	Conn	Aug K	onsmate
Show Water		BURIAL, CREMATION, REMOVA	AL V3b DATE 2	3c NAME OF C	EMETERY OR CREMATOR	Y 234 LOCATION		t
P		emation	12/29/82	Metrop	olitan Cre	ematory Al	exandria	Va.
MH-16 30M 2/80	24 F	UNE AL PRECTOR Q 3	P	O. Bo		DATE REC'D. BY REGISTRAR		
(VRA 15, 4)	W	arner E. Fun	nphrey, Inc.S	il. Sp	r., Md.	DEC 291982	Johns	Cancell



643		FOR STATE REGISTRAR			DICALE			ND MENTA	HYGIEN OF DE	E 2	REG. NO	2	6	9 2	
23.55.5		PE OR PRINT)	John	n C	WIDDLE	Ki	11een			20. DATE KI OF DEATH A	NOWN ESTI-	12		82 71	OP M
PRECTO	3. SE	ăle (	White	5. DATE OF BIRTH	18	LAST BIRTHDAY) 64 YRS.	IF UNDER	DAYS HOURS	ER 24 HRS.	2c. DATE PRONOUNC DEAD	CED 1	2 2	DAY 24 19	00/11	HOUR
<b>M</b> 製58	I N	IRTHPLACE (STA OREIGN COUNTRY)		Th. CITIZEN OF WI	AT COUNT		MARRIEDX IDOWED	DIVO	RRIED	9. BALTIMO	ntgom	-	TY OF DEA	тн	MD.
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ANN D AND 3 RETAIN RETAIN RETAIN	13a. S	AL RESIDENCE (I	FIN NURSING HOME	OR OTHER INSTITUTION, GE NTY	13c CITY	FORE ADMISSION)	136.	INSIDE CON LIMITS	13e STR	EET ADDRES	NOOH	IE	S+		
RE. MD	HEE	John		MIDDLE J.	Kill	Leen	15, 4	MOTHER'S MA	IDEN NAME	MID			ılliv		
ALTIMO AFTER L SIVE PAC TH FORM MSION O	16a. \	WAS DECEASED YES, NO, OR UNKNOW YES	(N) (IF YES, GIVE	MED FORCES? WAR OR DATES)  11		-09-710		John J.	Kill	een (Se			15% !	st. N.	, W.,
ECORDS, 201 W. PRESTON ST DE EXECUTED WITHIN 24 HO BEDING". IN PENCIL IN TIEM I WEDICAL EXAMINER ACING AS A BURIAL TRANSIT PERM ALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL	2	Canditions gave rise cause (a) s lying cause	s, if any, which to immediate stating the <u>under-</u> e last.	TE CAUSE (o) DUE TO, OR	AS Á CONS ORON AS A CONS	EQUENCE OF	AKT	N FOR IN S	cek					Y/S	FAIR
DIVISION OF VITAL RECORDS AND THE CATE SHOULD BE EXECUTED THE CATE OF THE CHIEF MEDICAL GESTS SHOULD BE USED AS A BUT OF HEALTH AN ITE DEPARTMENT OF SHARIAL CREMANIAL CREMA	MEDICAL CERTIFICATION	21a. EXTERNAL UNDERLYING CONTRIBUTION 214. INJURY OF WHILE AT WORK	CAUSE WAS OR G CAUSE OF	216. TIME OF HOUR AND DEATH / P.M.	INJURY MONTH I	(AT HOME,	21c HOW I	INJURY OCCUR		NATURE OF INJUR	RY IN ITEM 18 P.  HOD	46			LATE .
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WE PAGE 4 SHOULD BE FORWAR AFIER DEATH, WITH THE STAT BAUFMORE, MARYLAND, 212	730.9		of that I took charged from:  HAME RAME		Accident [	e, held an , Suicid	M.D	, Inspect	Undet	Inquiry Ermined man	ner .	DATE SIGNE		R	
BP	(	Burial		Dec. 28,1	1982 S	t. John	's Ce	metery	W	ortownes registrar		COUP	SIGNATURI	Mass	
DHMH-17 (VR A15 ME (5))		NAME JOS	. Gayle:	r's Sone		isc. Av			C29		Joan	ng	Con	ich	

. DOM: Markett Laters MAY AT LINE J. Killesh Julie 1587 158 80. 8.8 O.G. dain You W.W. 11 071-09-7106 Mohntd. Killeen (Son) modern gradened at Mos. at 5005, 65 .not 



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN XX MONTH (TYPE OR PRINT) OF 12-11-82 XXXXXXXXX DEATH MATED KOKTNOS GEORGE 6. AGE (IN YEARS | IF UNDER 1 YR. YEAR 2d HOUR 4. RACE IF UNDER 24 HRS DATE 4:11P LAST BIRTHDAY) PRONOUNCED CAUCAUSIAN JULY 10.1935 DEAD MALE 47RS 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) PENNSYLVANIA WIDOWED DIVORCED Montgomery County II. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION SUPERVISOR U.S. LIFE CORP. Holy Cross Hospital Silver Spring 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS SILVER SPRING 10401 CONOVER DRIVE 20902 MONTGOMERY MARYLAND YES XX NO 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE JANETAKOS KOKINOS STELLA NESTOR 17. INFORMANT ADDRESS 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? MELBA Y. KOKINOS SAME AS 13 WIFE YES 1954-1959 188-26-5986 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' and fibrosis of liver Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE AGE 3 SHOULD BE USE ATE DEPARTMENT OF YESXX NO . 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME, 71L LOCATION STREET STATE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I 220. I certify that I took charge of the remains described above, held on Inspection ond in my opinion death resulted from-Natural couses Undetermined manner TITLE (SPECIFY) DATE 12-13-82 Assistant SIGNATURE 111 Penn Street Margarita A. Korell, M.D. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION GATE OF HEAVEN SILVER SPRING MONT BURTAL 24 REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5) 500 UNIV. BLVD. W. SILVER SPRING. MD. 20901 20M 4/82

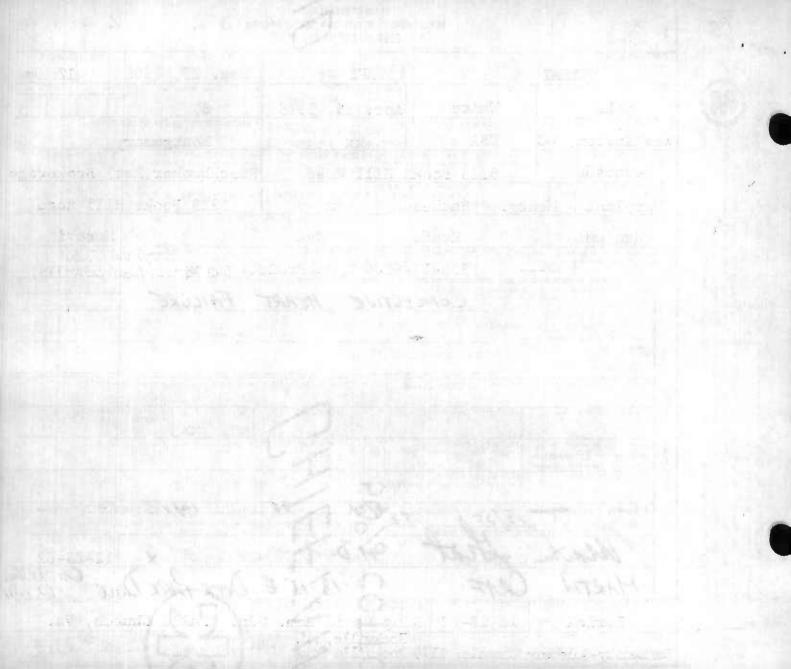
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	3 SEX		RACE	5. DATE OF BIRTH	YEAR IA	GE (IN YEARS IF ST BIRTHDAY) MC	UNDER 1 YR. IF UNDER THE DAYS HOURS	MIN. PROI	DATE NOUNCED DEAD 12	MONTH	DAY YEAR	2d HOUR
SE S	FOREIG	PLACE (STA N COUNTRY) rginia		76. CITIZEN OF W			RRIED NEVER MAR	RRIED V	ALTIMORE CITY	OR COUNT	Y OF DEATH	MD
PAGE PAGE PAGE PRIND	Be	or town o thesda	1	4830 C	hevy Cha	se Dri	THER INSTITUTION	FOR MOST C	CCUPATION (TY OF WORKING LIFE) Ly Clerk		OR INDUSTI	RY
F ANY DEL AND 3 TO RETAIN PHOULD BE RECORDS	Mar	yland	13b. COUN	or other institution, gi ITY SOMOTY	13c. CITY OR T Bethes	OWN	13d. INSIDE CITY LIMITS?	130 STREET A	DDRESS Chevy	Chase	Drėve	
PEATH SES 1, SES		r's NAME FIRST John		J.	Kolas		15. MOTHER'S MAI	DEN NAME	MIDDLE	Sch	holfield	d
L., BALTIMORE, MD.: URS AFTER DEATH B. GIVE PAGES 1, WITH FORM PM II. PAGES 1 AND 2. II. PAGES 1 AND 2.	16a. WAS (YES, N	DECEASED O. OR UNKNOW Yes		MED FORCES? WAR OR DATES)  rean	230 38		Spiro K	Brother Colas			Vermont ton D.C.	Ave.
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DIVISION OF VITAL RECORDS S CRETIFICATE SHOULD BE EXECUTED THE WORD "PENDING" RED TO THE CHEF WEDICAL RES SHOULD BE USED AS BUIL ES SHOULD BE USED AS BUIL DEPARTMENT OF HEATH AND DI PRIOR TO BURRAL CREMATH		DERLYING ONTRIBUTING	G CAUSE OF		MONTH DAY	YEAR	HOW INJURY OCCUR	RED (ENTER NATURE	E OF INJURY IN ITEM 18	8 PART 1 OR PART	YES T	XXXON
DIVISI THIS CERT WARTING WARDED PAGE 3 SI TATE DEP.	¥ w	HILE WORK	CURRED NOT WHILE AT WORK		OF INJURY (AT I ORY, FARM, ETC.)	10ME, 211	OCATION STREET	СІТҮ	ORTOWN	COU	NTY	STATE
TO MEDICAL EXAMINER: SKECUTE THE CERTIFICATE FOR 4 SHOULD BE FORF TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SALTIMORE, MARYLAND.	AC	220. I certify eath resulted TUAL GNATURE		pe of the remains des	Accident ,	Suicide		Undetermin		DATE SIGNED	17-1	7-82
TO MEDIC EXECUTE PAGE 4 5 TO FUNE AATER DE	(TY	AMINER'S N	(i)	John	Pau	per	ADDRESS	218	WISC	2mos	in a	V R .
BP	(SPEC)	BURIAL		Dec. 21,19	32 Ft.	Linco:	OR CREMATORY Ln Cemetery	23d. LOCATI CITY OR TOV Was	shington	D. C.		ATE
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1	1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH		REG. N	0.		
		PECEASED NAME	FIRST	M	IDDLE	ı	AST	20. DATE O			AY YEAR	26. HOUR
		MUR	RRAY			KRA	FT	Dec	. 25	, 1983	2	12:10p <sub>M</sub>
1	3. 5	Male	4. RA		ite	MONTH	DAY YEAR	6. AGE (IN		N	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
/	A 70.	BIRTHPLACE (STATE OR FO	REIGN 76 C			1		9. BALTIMO			OF DEATH	
0	W	ashington.										MD.
- P		CITY OR TOWN OF DEAT	н 11. г	NAME OF H	OSPITAL NURSIN	G HOME C	R OTHER INSTITUTION		OCCUPAT	ION	126. KIND (	OF BUSINESS OR
0		Bethesda			25 Pook	s Hi]	1 Road	Stoc	kbrol	ker (R	et) B	rokerage
must be	130		36 COUNTY		Bethes  Bethes	da	136. INSIDE CITY LIMITS?	130. STREET	ADDRESS 225 ]	Pooks	Hill	Road
Samine S	) H.	FATHER'S NAME Benjamin	MIDDLI	E	Kraft		15. MOTHER'S MAIDEN NA  Eva	ME	MIDDLE		Mor	ovitz
medical	160	WAS DECEASED EVER IN	U.S. ARMED		166. SOCIAL SECU		17. INFORMANT		ADDR	Maryla	and 208	351
me		YES, NO OR UNKNOWN)		ON DATES)	578-10	-6080	Lynn Prui	tt; 30	3 Nin	etz A	ve:Rock	wille.
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ent, th	de				(ONG	CTIV	15 HEART	- +1	7116	RE		
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ather traumatic				DUE TO, OR	AS A CONSEQU	ENCE OF					100	
DO.		Conditions, if any,		(p)								
ia i		cause (a), stating		DUE TO, OR	AS A CONSEQU	ENCE OF						
oth		underlying cause	last.	(5)								
10.1		PART 2 OTHER SIGNI	FICANT COND	DITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E OR CON	DITION GIVI	EN IN PART 1	lo.
njury,	Z											
hoo	CERTIFICATION	190. DATE OF OPERATION	ОИ	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			IN CERTIF	YING CAUSE	S OF DEATH?
18 shows	7 5	210. ACCIDENT WAS UNDE	RLYING	21b. TIME OF	INJURY		21c. HOW INJURY OCCUR					
m 18	//	OR CONTRIBUTING CA	USE OF DEATH	HOUR A.M	A. MONTH D		754					
Hea	2	(IF EITHER NOTIFY MEDICA				19	AN LOCATION					
ā	MEDICAL	WHILE MOLWHIL	6 🗆			FARM, ETC )	211. LOCATION STREET		CITY OR TO	OWN	COUNTY	STATE
morked				nttended the	deceased from	31	14 1078	ta	12	/7	19 82	, that (I) (we) last
20					10 10	12	, , ,	death accurr	ed on the d	ate and hour	and from the	
2 2			d) (did nat) vie	w the body	offer death.							
500		224. SIGNATURE	1	17	256		1 1	MEDICAL	CTA	EC /		
生工		/ www	MURRAY  KRAFT  Dec. 25, 1982  10:1  10:1  Note			25-82						
A-	7	226 PHYSICIAN'S NA	ME, (TYPE OR PRITY	M .	2 1 1		220 ADDRESS	- 1	/	1	\	CAITHTING
IMPORTANT:		MARTI	√ (e	RAT			13-15 E	· De	RI	ARK 1	RIVE	MP. 201
≤	23	BURIAL, CREMATION, R						Can Cit	ATION	le Ch	COUNTY	Va STATE
-	-			17-76	0-02 K							
4/82		FUNERAL DIRECTOR	1 11	01	ADPRESS	KOCK	rille, Mail	EC 2"5	1982	13- CL	KAK S SIGNA	Marie A
	I	anzansky-Go.	Ldberg	Chape.	Ls; 11/0	KOCK	TITE LIKE			0	0.0	may

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



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	1-	FOR STATE REGISTRAR		DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	<b>3</b> 2	2 6 4	19
	{TYPE	CEASED NAME FIRST OR PRINT) Trans	٥	AUSEPH	Lan	ugan		MONTH DAY	82 4	53 PM
	3. SEX	Male	Whit	ē			6 AGE   IN YEARS LAST BIR	YRS.	HS DAVS HOUR	DER 24 HRS.
1	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  NEW JERSEY  ITY OR TOWN OF DEATH	u.s.	A.	MARRIE	DE DIVORCED DIVORCED DIR OTHER INSTITUTION	9 BALTIMORE CITY O	MONTGO	MERY	MD.
,8	S	SILVER SPRING	HO'L'Y ST	ROSS"HU.	SPITAL	OF OTHER INSTITUTION	ACCOUNTAN	F WORKING LIFE) 1	DEPT OF	NAVY
35	13a. S	STATE 13b CO		13t. CITY OR TO	WN	13d. INSIDE CITY LIMITS? YES NO  15. MOTHER'S MAIDEN NA!	13e STREET ADDRESS 11233 ASH	FV DRIL	<i>JF</i> 2085	2
51		JOSEPH	MIDDLE	LANIGAN	CLIBITY NO	FIRST JANE	MIDDLE		LAST HENNON	
1	160 W	VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter	W II	133-	05-707		LANIGAN	SAME AS	APPROXIMATE IN	WIFE
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9	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE	21e PLACE (AT HOME, STI pital) attended the	M. MONTH M. OF INJURY EET, FACTORY, OFFICE e deceased from	E, FARM, ETC.)	21t. HOW INJURY OCCURE 21t. LOCATION STREET  19 20t that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN	city or to	wn, 19_ ate and hour and	COUNTY  S2, that (1)	
1		7.3 0-014	M. SOLIN	AS		SILVER SPR	ING, MARYLA	ND	•	
		BURIAL, CREMATION, REMOVA	L 23b. DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	co	OUNTY	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

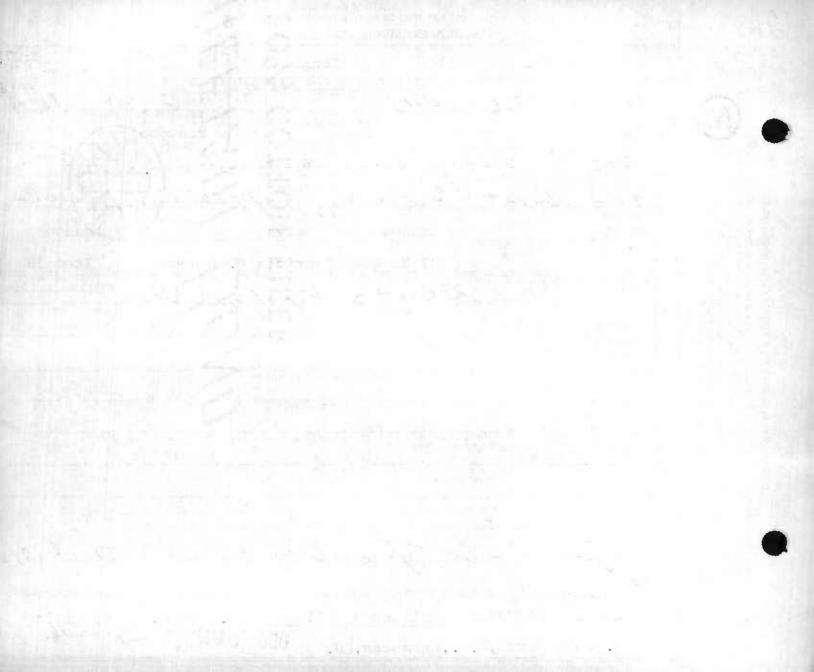
BP

BURIAL

MONT

URIAL 12/24/82 GATE OF HEAVEN
DIRECTOR FRANCIS J. COLLINS
UNIV.BLVD., WEST, SILVER SPRING, MD. 209 CEMETERY SILVER SPRING
250. DATE REC'D. BY REGISTRAR PREGISTRA
901 DEC 2 7 1982 24 FUNERAL DIRECTOR
NAME
500 UNIV 20901

ONING ANITO CONTROL MANAGEMENT CONTROL 1 St. 
2+		FOR STATE REGISTRAR			DEPARTMENT OF	HEALTH	ARYLAND AND MENTAL HYC ERTIFICATE OF	GIENE 2	3 REG. NO.	2 6	50
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ARY, PLEASE LIECTOR. FILES. OURS	3 SE	A A RA	w	DATE OF BIRTH	YEAR LAST BIRTH	MONTH		PRONOUN DEAD	CED 2 C	ONTH DAY	YEAR 24 HOUSE
O Security of the second of th	2	Ohio		USA	TAT GOUNTRY?	WIDOW		Mo	ntgome:	ry	MD.
TO DELAY IS		Olney		Montg		heral	Hospital	FOR MOST OF WORK		VIT	O OF BUSINESS INDUSTRY
ANY AND AND RETAIN	13a. S		136 COUNTY	HER INSTITUTION, GI	130 DTY OR TOWN	evs bu	13d. INSIDE CITY LIMITS?	e STREET ADDRES	SS Luny	Hon	NE RY
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, I'TH FORM, PM 3, PAGES 1 AND 2 SI IVISION OF WALL	14 F/	THER'S NAME PRIST Donald	MI	DDLE	Lannon		Belva	NAME	DDLE	Ritten	sı house
JRS AFTER DE B. GIVE PAGE WITH FORM DIVISION OF	Į Y	VAS DECEASED EVE ES, NO, OR UNKNOWN) ZOS	R IN U.S. ARMED (IF YES, GIVE WAR (	FORCES? OR DATES)	16b. SOCIAL SECUR 287 32	8966	Patricia	A. Lanr	ADDRESS 101	It	em 13
RECORDS, 201 W. PRESTON ST., ID BE EXECUTED WITHIN 24 HOUF PENDING" IN PENCIL IN TEM 18. MEDICAL EXAMINER ALONG W AS DASA BURAL - IRANSIT PERMIT. FEATH AND MENTAL HYGENE, D CREMATION, OR REMOVAL.		Conditions, if gave rise to cause (a) stati lying couse la	o immediate ng the under- st.  ANT ONOITIONS CONTI	AUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)  RIBUTING TO CEATH	AS A CONSEQUENCE	: OF	OR CONDITION GIVEN IN PART I	(a)	D1 9.	BEIWE	EN ONSET AND DEATH
SHOULD SH	MEDICAL CERTIFICATION	190. DATE OF OPE  210. EXTERNAL CA  UNDERLYING  CONTRIBUTING	USE WAS	21b. TIME OF HOUR A.M	MONTH DAY YE	21c. HC	AS PERFORMED?	ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	YE	ITOPSY?
DIVISION OF 1 THIS CERTIFICATE E, WRITING THE W WARDED TO THE PACES 3 SHOULD B TRATE DEPARTMEN 21201 PRIOFITO B	MEDIC	21d INJURY OCCL		21e PLACE C			ATION	CITY OR TOW	/N	COUNTY	STATE
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE SIFE BALLTIMORE, MARYLAND, 21	gi-	220 I certify the death resulted from ACTUAL SIGNATURE EXAMPLES NAMED TO PRINT!	nm: Natural co	THE STATE OF THE S	cribed above, held an	Autaps Suicide		Inquiry Undetermined ma	nner 🔲,	my apinian	B/92
P X Z P X Z	24 F	URIAL, CREMATION SPECIFY) Buria UNERAL DIRECTOR LINE L. M	1 12	2/9/82	Arling	ton 1	National 1250 DATE REC	23d location cityorrown Ft. Mey D. By Registrat			inja ELA



FOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6	1. DE	CEASED NAME FIRST		WIDDLE		LAST	20. DA	REG. N		YEAR 26 HOUR	
ASE OR: URS EET,	{TYP	John		Walsh		Lear	0	F ESTI-	10.01	18 92 11 M	1
PLEASE CTOR. FILES. HOURS	3. SEX		5. DATE OF BIRTH	1 6 AGE (III		NDER I YR. IF UNDER		ATE	MONTH DAY	PAR 10 HOU	7412
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- SI 3	70. BI	IRTHPLACE (STATE OR DREIGN COUNTRY)		VHAT COUNTRY?	8. MARE	IED NEVER MARR	IED 7. BAL	TIMORE CITY	OR COUNTY OF	DEATH	
- W. C.		Washington, D.	U.S	A	WIDOV	VED DIVORC	ED 🗆 N	lontgome	3	WE	2.
A SHED A SHE		Bethesda		SPITAL, NURSING HO		HER INSTITUTION		CUPATION (TY	PE OF WORK 12h KI	IND OF BUSINESS	
DELAY INN 3 TO THE FU IN PAGE 5 0 BE FILED, RDS, 201 W		AL RESIDENCE (IF IN NURSING HOME	Suburi				Elect	rican	Ree	ed Elect C	ς
	13a. S			13c. CITY OR TOW	1	13d. INSIDE CITY LIMITS?	13e. STREET AD	DRESS		1.	
MD. 21201 H. IF ANY H. 3. RETAIN 2. SHOULD 2. SHOULD TAIL RECORD	14.57	ATHER'S NAME	TLOMER	YCHECYCK	ASE	YES X NO	5300	BALT	MORE	1000	_
FISSEL A	14. 17	FIRST	MIDDLE	LAST		15. MOTHER'S MAID!	EN NAME	MIDDLE		LAST	
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W. PRESTON ST., BALTIMORE, WITHIN 24 HOURS AFTER DEA! ENCIL IN ITEM 18. GIVE PAGES MINER ALONG WITH FORM P. TRANSIT PERMIT, PAGES 1 ANI NIAH HYGIENE, DIVISION OF A	(Y	ES, NO, OR UNKNOWN) (IF YES, GIVE	to 1953	577-54-43		Wife Kath	leen L.			/2.0	
URS AF URS AF WITH WITH T. PAG DIVISI	H	18. CAUSE OF DEATH (Enter an			)50	INTIE. Naul	Treen P.	Lear S	A	APPROXIMATE INTERVAL	=
HOUNG THOU		PART I DEATH WAS CAUSE	D BY:	MYOCARI	O(AL)	19 FAR	CTIOR	/	BETY	ACCI THE	-
N 24 HO N ITEM I ALONG SIT PERM HYGIENE AOVAL		4100		R AS A CONSEQUENCE	E OF					211 10 16	-
THILL INTER		Canditians, if any, which		ONO WAK	y A	KTERIOSC	1.131COS	15		INDER	
201 W. PRE UTED WITHI IN PENCIL I EXAMINER IIA1 - TRANS O MENTAL I ON, OR REA		cause (a) stating the <u>under</u> lying cause last.	< , ,	R AS A CONSEQUENC				-			
EXECUTED NG" IN PROPERTY IN PROPERTY IN PROPERTY IN A BURIAL HAND MEI WATION, CANATION, CANATION		lying cause lost.	(c)					<b>2018</b>			
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMA CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PA RDED TO THE CHIEF MEDICAL EXAMINER ALCING WITH FOR PES SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 CEPRARTMENT OF HEAITH AND MENTAL HYGIENE, DIVISION OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	_	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE 1	ERMINAL OISEA	E OR CONDITION GIVEN IN PA	RT 1 (a).			7-14.5	
RECORDS D BE EXE PENDING A BDICA A SA BU EATTH AR CREANA	CERTIFICATION	190. DATE OF OPERATION	Tial CONT	TION FOR MINISTRA	5504710411	1. C. DE DE CO. L. F. D. C.					
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N OF THE WOLD B STAMEN		UNDERLYING OR	HOUR_A	M. MONTH DAY Y	AR	-			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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ニューラーの	Ī	WHILE DOT WHILE OF AT WORK	STREET, FA	CTORY, FARM, ETC.)	53	STREET & ALTINION	er Lac	Myown (	COUNTY /	WIT HIS	
R: TH TE, V DRW/A R: PA S: PA D, 21		22a. I certify that I taak char	no of the remains di		Autas		n Ingi		nd in my opinian	- IVI	-
A S S S S S S S S S S S S S S S S S S S			rol couves	Mant Dave, field d	Suicide _	Hamicide .	Undetermine		na in my opinian		
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A SECOND		SIGNATURE	all.	lleft	8_,	A.D. Deet	MEDICAL E	XAMINER .	DATE /	422/82	
NER SHORE	-	EXAMINER'S NAME	$\alpha$	111.			1	/	201	1411	Ī
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	PERMIT	(TYPE OR PRINT)		1011918		ADDRESS 200 U	18 CONSED	Austo	07/16301	7 140	-
<b>EPA204</b>	23a.B	URIAL, CREMATION, REMOVAL	- 1	-0		OR CREMATORY	23d. LOCATIO		COUNTY	STATE	
BP	24 F	Burial	1			even Cem	Silve	r Spain	Mont	Maryland	_
DHMH - 17 (VR A 15 ME (5) )	16	PM 2011		uneral Home ton, D.C.	3	250. DATE	7 198	200	mgc coo	acy	
15M 2/80	1	mount of		, D. O.							_

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23, 1982

Robert A. Pumphrey Funeral Homes,

Cremation

P.A. Bethesda, Maryland

DHMH - 16 50M 1/81 (VRA 15, 4) FOR

- STATE

STATE OF MARYLAND

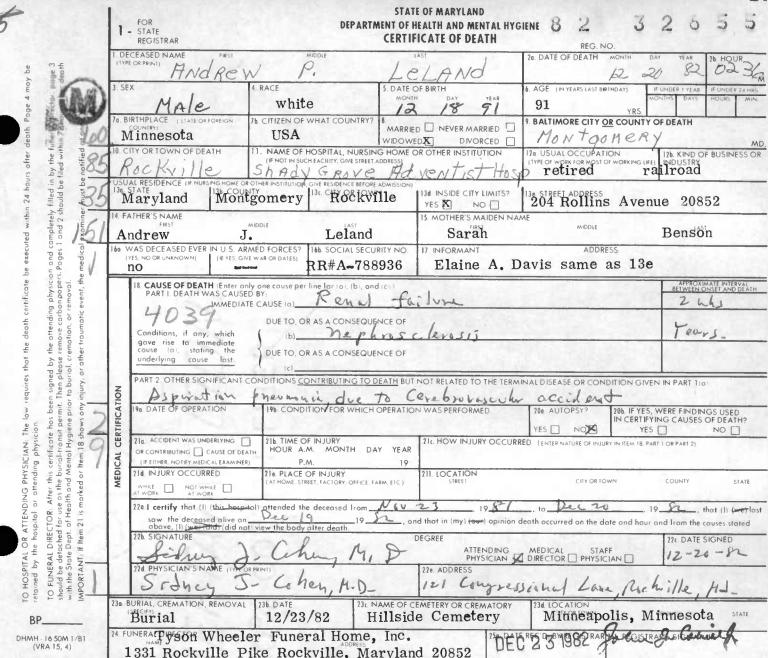
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

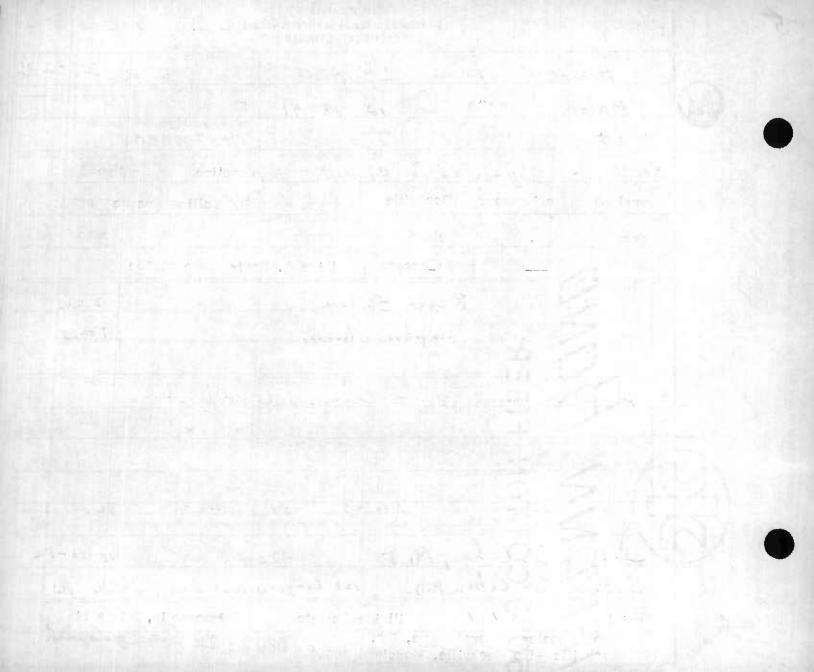
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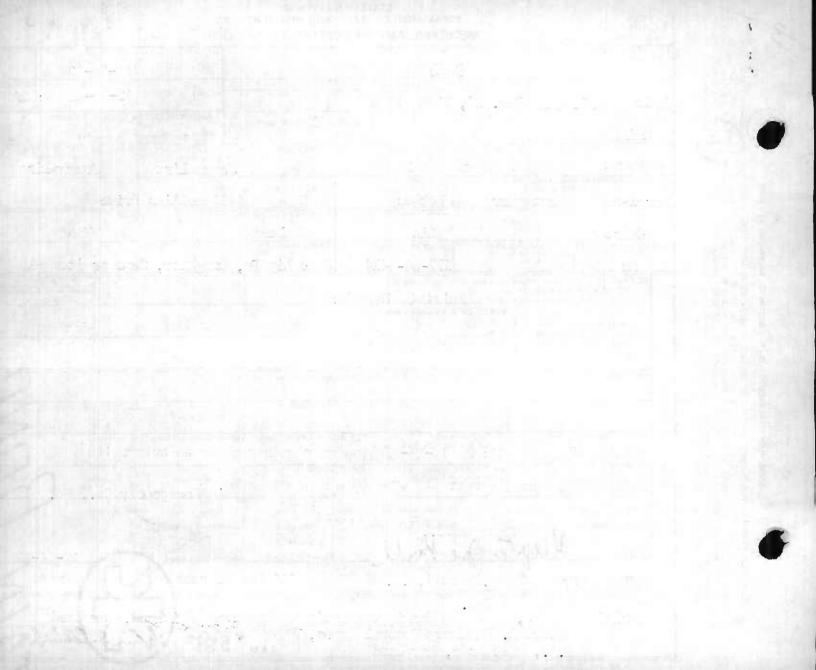
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ROEE SHE	3.58	14. RA		S DATE OF BIRTH	6. AGE (IN YE.		DER I YR. IF UNDE	R 24 HRS.	2c. DATE	MONTH	DAY YE	AR 2d HOUR
NO CENT	Mo	le Orie	ental	Feb. 14	1898 LAST BIRTHD		HS DAYS HOURS	MIN	PRONOUNCED DEAD	12-	30-82	9:02AM
A ZEZEO	70. B	IRTHPLACE (STATE OR	ciicai	76. CITIZEN OF W	HAT COUNTRY?		VV		9. BALTIMORE CI	TY OR COU	NTY OF DEATH	
	FC	China		United	States	WIDOW	IED XX NEVER MARI	and the second	Montgom	Co.	1 m ± 1 m	
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P P P P P P P P P P P P P P P P P P P				OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE ADMISSI					_	Journa	11311
2 39458°		TATE	136 COUN		Bethesda		13d. INSIDE CITY LIMITS? YES X NO [	13e STR	eet address 20 Hollin:	c Design		
A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		ryland ATHER'S NAME	MOIT	gomery	Detnesua					S DIIV	е	
# # # # # # # # # # # # # # # # # # #	4	FIRST		MIDDLE	LAST		15 MOTHER'S MAIL		MIDDLE		Vana	
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ME THE SECOND I	(100.	ES, NO, OR UNKNOWN)		WAR OR DATES)	100			n				#17
PAGEN PAGEN	-	No			577-84-441	4	Jane Lin	ru, I	augnter,	Same	as item	[ #13
11. SE	P	PART I DEATH V	WAS CALISE	D BY.	e for (o), (b), and (c).)						BETWEEN OF	NSET AND DEATH
A SHERE		8147	IMMEDIA?	TE CAUSE (o)	Multiple in	jurie	S	-				
PREST THIN THIN THIN THIN THIN THIN THIN THIN		Conditions, if	any which	DUE TO, OF	R AS A CONSEQUENCE	JF						
E REAL PROPERTY OF THE PERSON		gave rise to	immediate				N					
WEN AMEN		lying couse lost		DUE TO, OF	R AS A CONSEQUENCE	OF						
N DE GRADE				(c)								
DIVISION OF VITAL RECORDS. 5 CERTIFICATE SHOULD BE DECRIPED THE WORD "FENDING" RED TO THE CHEEF MEDICAL ES SHOULD BE USED AS A BUILD BE DEPARTMENT OF HEATH AND TO PRICE TO BURIAL. CREMATH	1,	PART 2 DINER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASI	E OR CONDITION GIVEN IN P	PART 1 (a)				
- CALL	CERTIFICATION	90. DATE OF OPER	IATION	Tue cour	TION FOR WHICH OPER	ATIONING	/AC DEDECORALE DO					
A SERVICE A	100	198. DATE OF OPER	ATION	198. COND	ITION FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOP	
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PANETHAND OF		UNDERLYING	1	HOURAN	A. MONTH DAY 8 ZEAF		ownunyoccurr lestrian s					
NO THE CHANGE	MEDICAL	CONTRIBUTING	CAUSE OF			1.	CATION	HUCK	by all ac	1101100	110	
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MAR WAR	1	AT WORK	WORK 9	x stre	e1	181	one Oak	WII IVU	* Montgo	mery (	Co., Md.	
ATE D SE		220. I certify that	t I took chorg	ge of the remains de	scribed obove, held on	Autop	sy , Inspecti	ion .	Inquiry .	ond in my	spinion	
STATE STATE		death resulted from	m: Notui	rol couses .	Accident XX, Su	cide	, Homicide .	Undet	ermined manner	],		
AN WILL		10000	1/0.	- F A	7 10		TITLE (SPECIFY)					
	1	ACTUAL SIGNATURE	MUL	me In	remove	M	Assistant	MED	ICAL EXAMINER	DATI	NED 12-	31-82
MEDICA CCUTETH FOR A SHORT TIMORE	)	EVALUEDIC NAME							Street			
MEDICAL EXAL CECUTE THE CERT CGE 4 SHOULD FUNERAL DIE TIER DEATH WIT	+	(TYPE OR PRINT)	Marga	rita A. K	orell,M.D.		ADDRESS	eiiii	211661			
PAGE PAGE	23a. E	URIAL, CREMATION,	REMOVAL 2	36. DATE Jan.	23c. NAME OF CEA			CITY	OCATION	co	UNITY	STATE
BP.		Burial		3. 1983	Washingt	on N	ational Ce	emeter	ry Suitl	and, M	laryland	1
DHMH - 17	24. F	UNERAL DIRECTOR	Rober	rt A. Pum	hrey Funera	1 Ho	mes, Poo DATE	E REC'D. BY	REGISTRAR 251	GISTRAR'S	SGN TURE	ich
(VR A15 ME (5))			P.A.	Bethese	la, Maryland		11	IN	198?		7	<i>U</i> •
20M 4/B2	-											



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH

8 2 3 2 6 5

H	REGISTRAR			CEKITI	ICATE OF D	EAIH	REG. No	0		
	I. DECEASED NAME (TYPE OR PRINT)  H		ELIZABETH		LITTLE		DECEMBE	MONTH	1982	25. HOUR 2:00p
	3. SEX FEMALE	4. RACE CAUCAS	IAN	JUN		1897	6 AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
1	SCOTLAND		STATES	MARRIE WIDOWE	D NEVER M	ARRIED T	9 BALTIMORE CITY O MONTGOME R		OF DEATH	MD
4	BETHESDA	NAVAL	HOSPITAL, NURSING HEACHITY GIVE STREET A HOSPITAL,	NAVA	ROTHER INST	AL CMD	12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOUSEWI			F BUSINESS OR
		G HOME OR OTHER INSTITUTION 36 COUNTY MONTGOMERY	GIVE RESIDENCE BEFORE  136 CITY OR TOWN  SILVER SI	PRING	13d. INSIDE CI	TY LIMITS?	15930^W000	S CEN	TER ROA	D
T	14 FATHER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S		ME MIGDLE		LAS	ī
1	JOHN	BANNERMAN	FYFE			ZABETH	ANDERS	CONT	SMAI	
T		U.S. ARMED FORCES?	166 SOCIAL SECUP	RITY NO.	17 INFORMAL					CENTER R
	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR GATES)	579-12-7	720	WILLIA	M JOSE	TALL I TOURS IN		R SPRIN	G,MD2090
	Canditions, if any, gave rise to imme cause (a), stating underlying cause	DUE TO, O which (b)	PNEUMONIA R AS A CONSEQUEI R AS À CONSEQUEI	A NCE OF	NOT PELATED	TO THE TEDA	INAL DISEASE OR COAL	DITION CIVI		MATE INTERVAL JINSÉT AND DEATH
ı	GI BLEF	D, ORGANIC				TO THE TERM	IN AL DISEASE ON CONT	DITION GIVE	IN IN PART III	
	GI BLEE		ITION FOR WHICH (			MED	20a AUTOPSY?	20b. IF YES IN CERTIFY	, WERE FINDING CAUSES	OF DEATH?
	10 ACCIDENT WAS UNDER OR CONTRIBUTING CA IN EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE WHITE NOT WHITE AT WORK	USE OF DEATH HOUR A.  LEXAMINER)  P.  21e. PLACE (AT HOME, STE	m. month da m.	19	216 LOCATIO STREET		RED (ENTER NATURE OF INJUS CITY OR TO		COUNTY	STATE
	22a I certify that (1) (1 saw the deceased	this haspital) attended the lotive on 8 DECE.	MBER 19	07	EMBER d that in (my) (	, 19 <u>82</u> aur) apinian d	to 8 DECEM			that (I) (we) last causes stated
	220-SIGN ATURE	terguso-	n LTh	C,	MD P		MEDICAL STAP DIRECTOR PHYSIC	F IAN 🗌	9 DEC	SIGNED
	22d. PHYSICIAN'S NAA R. K. E	FERGUSON, LT	, MC, USN	R	27 a. ADDRESS	TALY A LYTH	HOSPITAL,			

P 236 BURIAL, CREMATION, REMOVAL 236 DATE 12/13/82

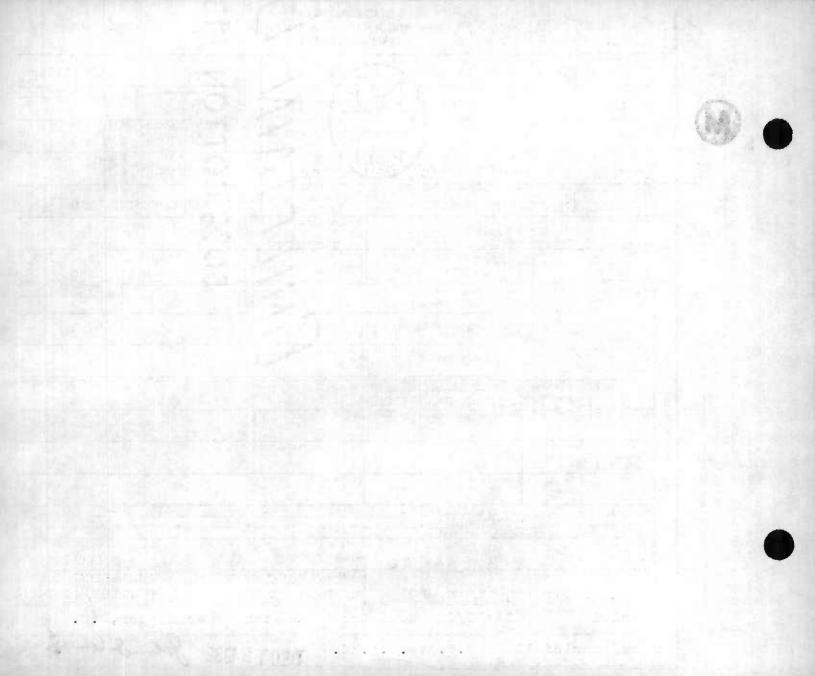
Rock Creek Cemetery CITY Washington D.C.

24 FUNERAL DIRECTOR Hines/Rinaldi 11800 N.H. Ave.S.S.Md.

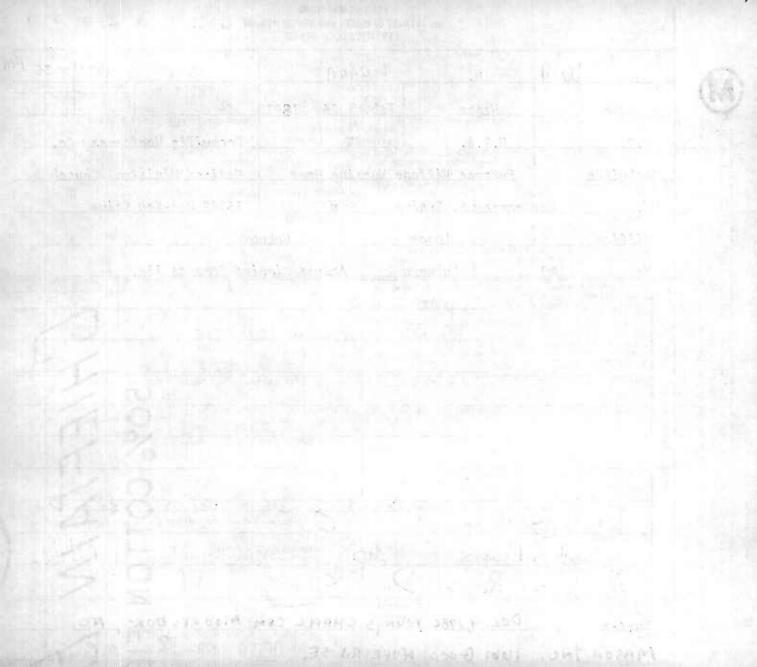
250. DATE REC'D. BY REGISTRAP 76 REGISTRATE SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Item 18 shaws any



	1.	FOR STATE		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTA		3 2	6 5
30 14 12	20	REGISTRAR EASED NAME FIRST	WIDOLE	CERTI	FICATE OF DEATH	REG. 1	IO.	Y
e 24		OR PRINT)	ш	1	Daan		C 3,	1982 7:35
è ()	3. SEX	VO (1)	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST B		DER TYEAR IF UNDER 24
99e 4	2 - 10	Male	Negro	Feb		97 85	YRS	
deoth. Poge unerol dir donne.		THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	MARRIE	D NEVER MARRIE		_	
	10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL			N 12a. USUAL OCCUPA		KIND OF BUSINESS
by the filled with an ordinary	R	ockville	Potomac V		rsina Home	Retired	OF WORKING LIFE) IN	Church
4 hou	USUA 13a. ST	L RESIDENCE (IF NURSING HOME 13b. CO	UNTY 13c. CITY	OR TOWN	13d. INSIDE CITY LIM	ITS? 13. STREET ADDRESS		
thin 24	MC	THER'S NAME	ontgomery S.	Spring	YES NO [	13309 Be	a-Kay Dr	ive
complete		William	MIDDLE	LAST	FIRST	MIDDLE		LAST
ecute es ton	16a W.	AS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOC	ogan IAL SECURITY NO.	17INFORMANT	Inknown ADDI	ESS	
oe execu		S NO OR UNKNOWN) (IF YES, I)	GIVE WAR OR DATES)  UN	known	Arluss (	Viagins Same a	s 13e.	
rificote by physicio propopers emovol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		), (b), ond (c).)	(			APPROXIMATE INTERVA
			IATE CAUSE (o)	neu mon	14			2 months
4 5000		2041	DUE TO, OR AS A CO		when the	leykemia		5 years
the deat the otter remove emotion, er troum		Conditions, if ony, which gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	4	mphocytic	1841-City	133	3 ,
se that the seed by the please rutiol, are other.		underlying couse lost.	(c)	DN SEQUENCE OF				
equires the n signed b Ther pleos to buriol, injury, ar o		PART 2. OTHER SIGNIFICAN	T CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO TH	E TERMINAL DISEASE OR CO	DITION GIVEN IN	PART 10
low r. low r. low r. low r. low r. los bee os been os be	CERTIFICATION	9a. DATE OF OPERATION	196. CONDITION FOR	R WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?		RE FINDINGS USED CAUSES OF DEATH?
IAN: The physician tifficate he I-tronsit pol Hygier a 18 show	CERT	71a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY C	CCURRED (ENTER NATURE OF IN)		
SICIAN: TI ng physici certificate uriol-transi tem 18 sh		OR CONTRIBUTING CAUSE OF E		NTH DAY YEAR				
PHYS endin this c e bur id Me	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		21f LOCATION	CITY OR T	OWN C	OUNTY STAT
NDING PHY of or offendi list After this use as the bu tealth and M is marked or		WHILE NOT WHILE AT WORK		Α.				
ENDING tol or o DR: Afte r use os Heolth I is mort		220.1 certify that (1) (this has sow the deceased alive			3 . 19 .	pinion death occurred on the		that (h (we)
OR ATTEN hospital DIRECTOR: thed for us bept. of Hem 21 is		obowy (H. Janes) (did) (did	now view the body ofter deat	th	DEGREE	pinion death occurred on the		?c. DATE SIGNED
0 0 0 0 0		Mach	S Rosen	M	ATTEND	ING MEDICAL STA	FF	12/4/22
SPITAL J. by the NERAL be deto e Stote		22d. PHYSICIAN'S NAME (TYP	E OR PRINT)	10	PHYSIC 22e ADDRESS	IAN A DIRECTOR PHYS	CIAN	1011101
HO Full that the Control of the House of the		Mark	S. Rosen,	Mo	Silve	Spring, Mo	1	
O show with	23a. Bl	JRIAL, CREMATION, REMOVA		23c. NAME OF C	CEMETERY OR CREMA	CITY OR TOWN	, cou	NTY STATE
BP	1	Buniar NERAL DIRECTOR	DEL. 9, 198	ZYOUNGS		CEM. MOORE	S DORO.	N.C.
						a. DATE REC'D. BY REGISTRAL	25 REGISTRAR'S	



completely filled s 1 and 2 should b

injury, or other troumatic

should be detoched for use as the buriol-tronsit permit. Then please remove c with the State Dept. of Health and Mental Hygiene prior ta buriol, cremation, morked ar tem 18 shows ony

After this certificate has been

TO FUNERAL DIRECTOR: retained by the haspital

MPORTANT: If them 21 is

HOSPITAL OR ATTENDING PHYSICIAN: The to

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2 0

REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	<b>D</b> .		
I. DECEASED NAME FIRS	larguerite GUERITE	McP.	Lowe E		MONTH DAY		150 PM
3. SEX Female	CAUCASIA	N JULY	F BIRTH	6. AGE (INYEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WASHINGTON, D. C	ITSA	MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	R COUNTY O		9 M
SILVER SPRING	MICVY CAM.	SE RET. + N	RG CENTER	12g USUAL OCCUPATI LITYPE OF WORK FOR MOSLO Interior D	E WORKING LIFE	INDLISTRY	Furnish Furnish
USUAL RESIDENCE (IF NURSING HOA 13a, STATE 13b, CO Mot	OUNTY 13c_CII		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 113 Prim	rose St		
14 FATHER'S NAME DOTSEY	Mahon Mc	Pherson	IS MOTHER'S MAIDEN N.	AME		Delar	nd
(YES NO UNKNOWN) (IF YES		-12-3693-D	Charles F.	Pentz 1409	214 2004	hanan 205	St.
18 CAUSE OF DEATH Enter PART I. DEATH WAS CA	USED BY:		ocardial in	-lastin-		BETWEEN	MATE INTERVAL
gove rise to immediate couse lost underlying couse lost PART 2 OTHER SIGNIFICA PART 2 OTHER SIGNIFICA 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OF AS A (	CONSEQUENCE OF  UTING TO DEATH BUT I		MINAL DISEASE OR CONI	20b. IF YES, V IN CERTIFYIN	VERE FINDING	GS USED
	FDEATH HOUR A.M. ME	ONTH DAY YEAR	21c. HOW INJURY OCCUP	YES NO	YES (	I OR PART 2)	NO .
OR CONTRIBUTING CAUSE O  (IF EITHER NOTIFY MEDICAL EXAM  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU	ORY OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
22a.1 certify that (1) (this h sow the deceased alive above (1) (we) (did) (did	An CA	19 £ 2 000	d that in (my) (our) opinion	death occurred on the de	19 ote ond hour o		hat (I) wellas
22b. SIGNATURE	XS volyles	m	PHYSICIAN	MEDICAL STAF	E	12-19	FIGNED
22d. PHYSICIAN'S NAME IT	redsky	MD	4701 Willa	rd Ave.	Cher	y Ch	ese

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Cremation

230 BURIAL, CREMATION, REMOVAL

23b. DATE Pec. 21, '82 Cedar Hill Crematory

23d LOCATION

Suitland

Md.

24 FUNERAL DIRECTOR JOS. Gawler's Sons, Inc. 5130 Wisc. Av. NW Washington DC 20016

Nurmerite Yes. Lowe

Jan Community

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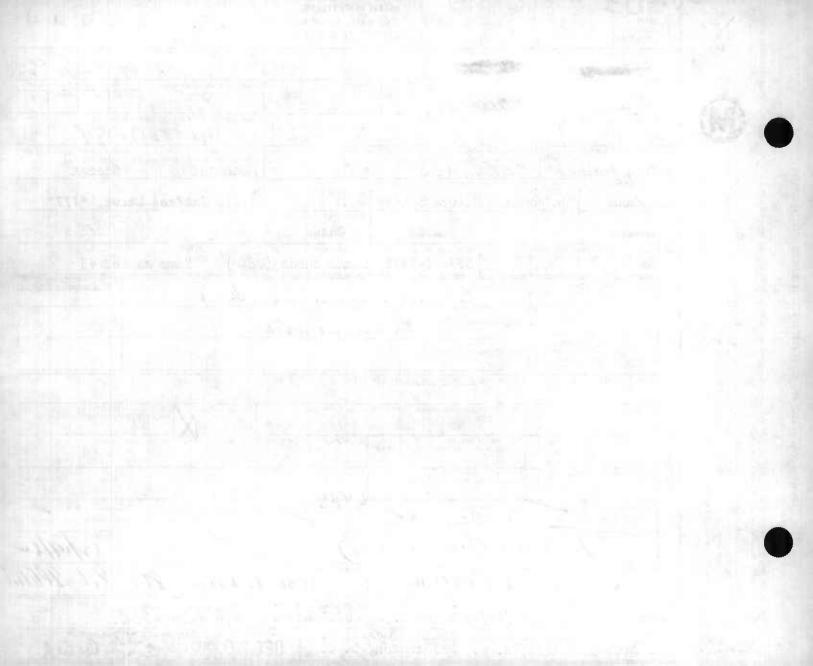
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Cos. Gawler's Sons, Inc. F130 Misc. Nv. NV Gashington, 50 2006

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Page 1	7e. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	1		BALTIMORE CITY OR	YRS. COUNTY OF DEATH	
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ficate be execusively and consers. Pages 1 and consers.	16a )	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (# YES, G	RMED FORCES? NE WAR OR DATES!	579-40-		17 INFORMANT Clara Lubar (	(Wife) Sam	e as No. 13	
aw requires that the death cert seen signed by the attending ph Then please remove carbon pa for to burial, cremation, or rem any injury, or other traumation	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)CONDITIONS (		ENCE OF		NINAL DISEASE OR CONDIT		
N: The In.	CERTIFICATION	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NO	Ob. IF YES, WERE FIND IT N CERTIFYING CAUSES YES	NGS USED OF DEATH?
NG PHYSICIAN: The nding physician. Iter this certificate has be burial-transit permand Mental Hygiene and Mental Hygiene riked or Item 18 sho		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D I IF EITHER, NOT IFY MEDICAL EXAMINE	EATH HOUR A	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c HOW INJURY OCCUR	RED JENTER NATURE OF INJURY I	N ITEM 18, PART I OR PART 2)	
DING PHY ttending ph After this s the burial th and Mer marked or	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	E OF INJURY STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
N a Resident		220. I certify that (1) (this best saw the deceased alive a abave, (1) (we) that info-			, or	ad that in (my) (gur) apinian	, to death accurred on the date		that (I) (we) lac couses stated
PITAL OH AT by the hospital ERAL OIRECT e detached for State Dept. of ANT: If Item		226 SIGNATURE	lord,	han	erl	ATTENDING PHYSICIAN	MEDICAL STAFF	NO IN DATE	14/80
TO HOSPITAL OH ATTER retained by the hospital or TO FUNERAL OIRECTO should be detached for us, with the State Dept. of H IMPORTANT: If Item 21		220. PHYSICIAN'S NAME (TYPE ROBERT	ORPRINT) KI	CAMER			FENTEN	81. 8,0	8160
BP	E	BURIAL, CREMATION, REMOVA SPECIFY, SWUAL	12/16	/1982 Di	st. of	Col. Lodge	23d LOCATION CITY OR TOWN Washington	, D. C.	STATE
DHMH-16 25M (VRA 15, 4) 1/79	24 F	uneral director Donald	M. Ste	in Hebrew W. Washi			C 2 0 1982	registrar's signat	will



DEPARTMENT OF HEALTH AND MENTAL HYGIENEG - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-Catharine La LUDEWIG 14 1982 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 12:30 DATE 32 RTHOAY) June 22.1950 PRONOUNCED White Female DEAD 16 1982 76 CITIZEN OF WHAT COUNTRY? Ta BIRTHPLACE ISTATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Dist. of Col. WIDOWED [ DIVORCED Montgomery County IB. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE Unemployed None Bethesda Woods behind 7520 Seb woods behind 7520 Sebago Rd Maryland 13d. INSIDE CITY LIMITS? 7520 Sebago Road 136 Montgomery 13c Bethesda 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Ludewig Catharine MIDDLE Delaney Charles 166 SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 216-60-4286 item 13 Catharine D. Ludewig APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head (handgun) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? HEADOPONLY YES X NO 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR ? P.M. 12-14- 10 82 Self-inflicted. CONTRIBUTING CAUSE OF DEATH 211 LOCATION AT WORK AT WHILE TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEXAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 7520 Sebago Rd., Bethesda, Montgomery woods behind Md. 22a. I certify that I took charge of the remains described above, held on Suicide XT deoth resulted from: Accident Homicide Undetermined monner Notural couses TITLE (SPECIFY) DATE 12-17-82 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon. M.D. 111 Penn St., Balto., Md. 21201 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Dec.20, 182 Arlington National Cem. Arlington 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOTOS. Gawler's Sons, Inc. **DHMH - 17** 5130 Wisc. Av NW Washington, DC 20016 (VR A15 ME (5))

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ND 2120	24 bours	130	JAL RESIDENCE (IF NURSING HOME O		d. INSIDE CITY LIMITS? 11:	3. STREET ADDRESS 12916 Bru	(20	0854)	
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IMORE,	n ond co	160	WAS DECEASED EVER IN U.S. AI	WAR OR DATES) 216 12 4508	Julia A. L			item 13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	es that the death certificate ned by the attending physici please remove carbon papel urial, cremotion, or removal.		PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DUE TO, OR AS A CONSEQUENCE OF  (c)  DOUBTIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN		TION GIVEN IN		THI
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INIO (	1. OR ATTENDING the hospital or aff I. DIRECTOR: After stacked for use as the Dept. of Health or if them 21 is marked.		AT WORK AT WORK	view the body ofter deoth.	that in (my) (our) opinion de	MEDICAL STAFF	e and hour and	that (III) I from the couses	stated
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely tilled in thy the futures should be detached for use as the buriol-transit permit. Then please remove corbonpopers. Pages 1 and 2 should be filled within 72 with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

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	FOR STATE	DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HY	GIENE 8 2	3 2	6 6	3
1 DI	REGISTRAR ECEASED NAME FIRST	WIDDLE		CATE OF DEATH	REG. N		YEAR 2b. HO	LIP.
	PE OR PRINT)  RUTH	MAUREEN		XTON			982 4:	- p
3. SE	EX	4 RACE	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER	TYEAR IF UNDE	R 24 HRS
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70 B	BIRTHPLACE (STATE OR FOREIGN COUNTRY) England	76. CITIZEN OF WHAT COUNTRY	MARRIET	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DE	ATH	
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Ma Ma	UAL RESIDENCE (IF NURSING HOME OF STATE 13b. COU aryland Mont	-1-	WN	13d. INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN N	13e STREET ADDRESS 12516 Wal	ldo Lane		
0	Thomas	Wynne Wynne		Ethel	WIDOLE	Garsta	ng	
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DAYES)	URITY NO.	Jack W. Lu	xton, Ridg		New Je	rse
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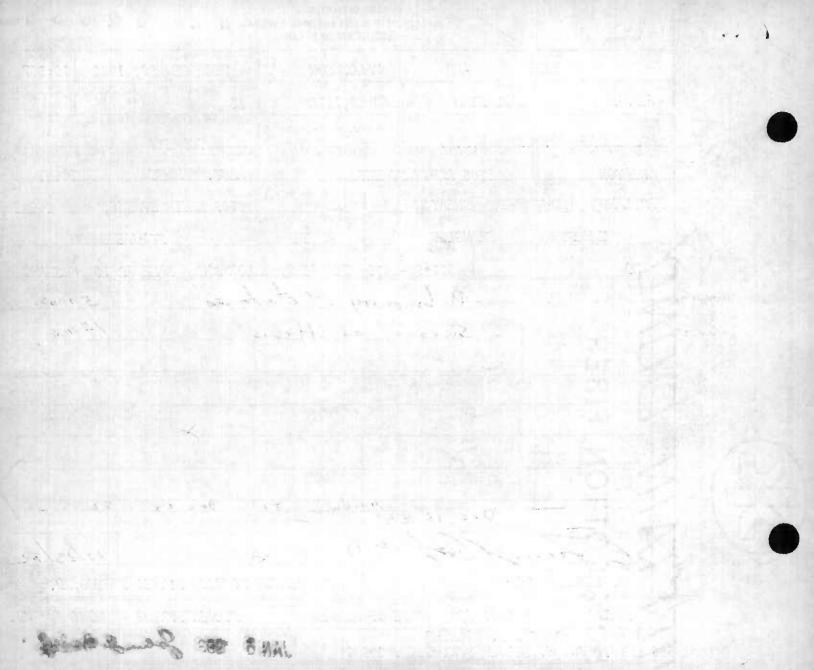
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

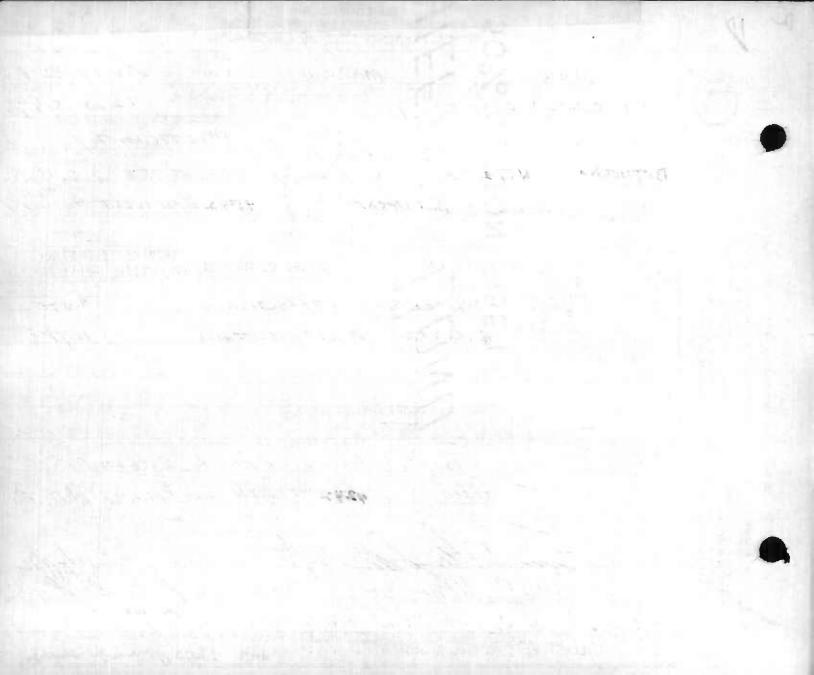


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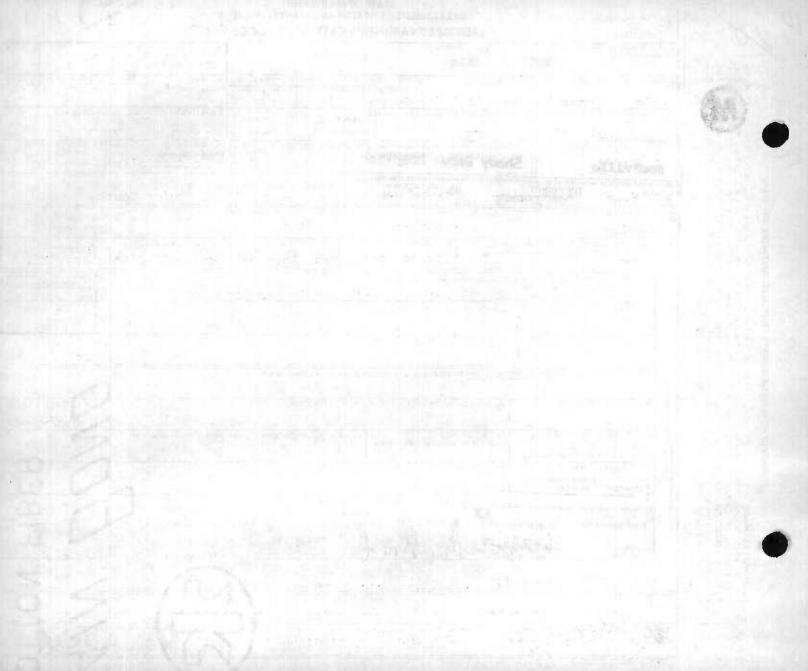
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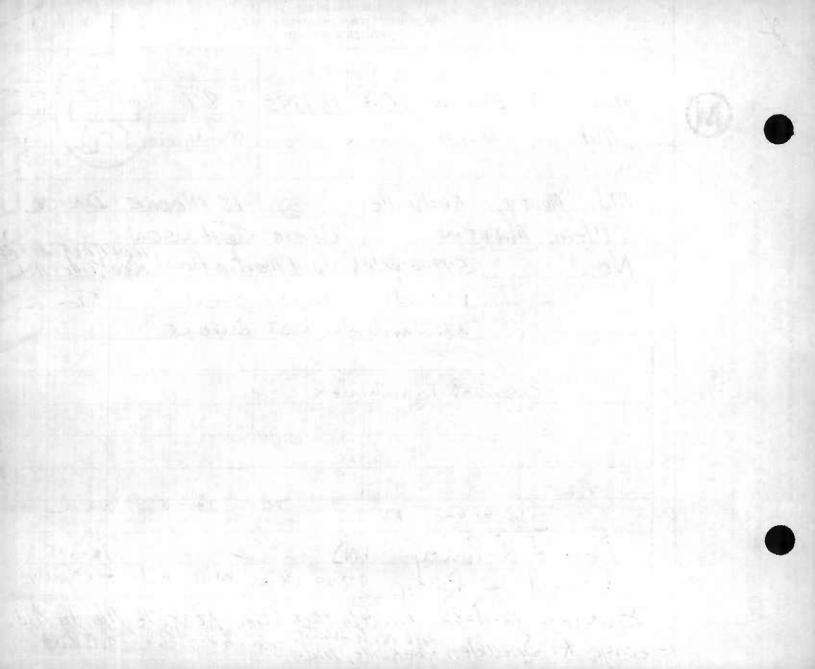
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(VRA 15, 4)



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BALTIMORE, MARYLAND 2120  cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wol.  it, the medical examiner brutable in it, the medical examiner brutable in	Md.	ESIDENCE (# NUR: TE 20657 ER'S NAME FIRST	-Anne		GIVE RESIDENCE DEFORE 13. CITY OR TOW L Lusby LAST Martix	7	13d. INSIDE C YES [] 15 MOTHER'	NO S MAIDEN NAM	Box 2	Special DORESS Gunsmo	oke Tra	U.S.  il  LAST ffmen	
be execute on and cor	YES YES	DECEASED EVER		MED FORCES? E WAR OR DATES]	579-20-9	RITY NO.	17 INFORMA	ANT	lartin.	Same as	item :		
L RECORDS, 201 W. PRESTON ST., le low requires that the death certifian.  In bosen signed by the attending phypermit. Then please remove carbone are prior to burial, cremation, or remover only injury, or other traumatic ever	NOIL PA	PART I DEATH W  4100  onditions, if ony ove rise to im- ouse (a), stofin nderlying couse  IRT 2. OTHER SIGN  DATE OF OPERA	, which mediate mediate lost.	DUE TO, OR  DUE TO, OR  DUE TO, OR  CO  ONDITIONS CO	A CU F  AS A CONSEQUE  AS A CONSEQUE  NTRIBUTING TO E  ON FOR WHICH	NCE OF RIOSONCE OF	0506	FEC CO	INAL DISEASE  200 AUTOL  YES	Letio	v y	INDINGS U	JSED
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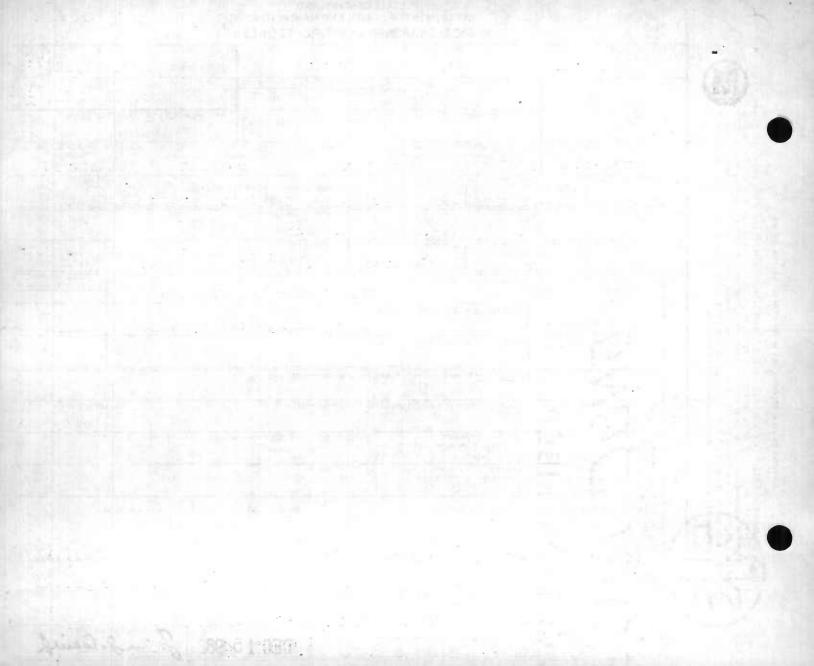
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

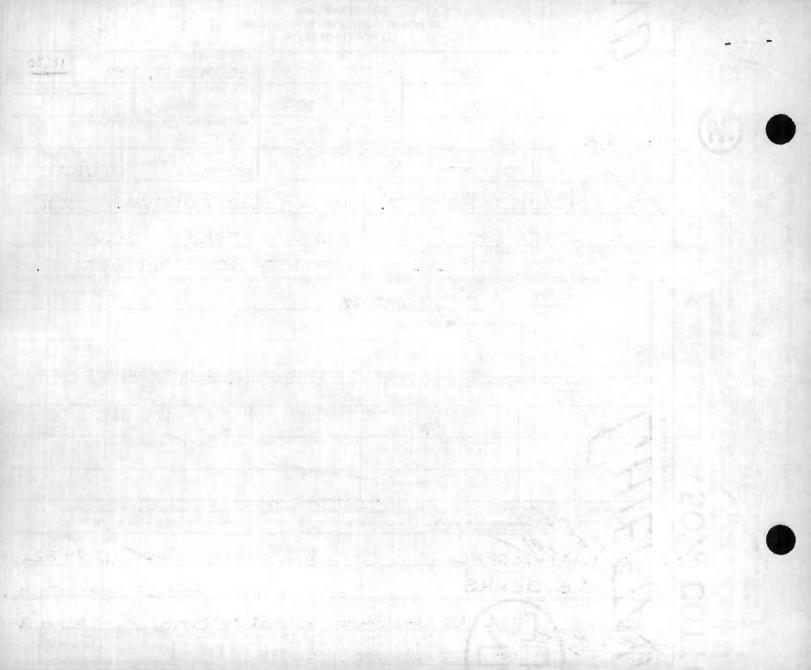
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3		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	20. DATE OF DEATH		YEAR 2h HOUR
oy to		GERTRUD		MN	McCLU		DECEMBER		2350p M
ge 4 mo	3. SEX	MALE	4 RACE CAUCASI	AN	5. DATE C	L 12 <sup>n</sup> 1918	6. AGE (IN YEARS LAST BIR	YRS.	RIYEAR IF UNDER 24 HRS
% (M) %	0	RTHPLACE (STATE OR FOREIGN OUNTRY) ST GERMANY	76. CITIZEN OF	WHAT COUNTRY	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	MONTGOMERS		MD.
by the dilect d		IY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSI CHFACILITY, GIVE STREE IOSPITAL	T ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O WALTRESS	OF WORKING LIFE) IND	KIND OF BUSINESS OR DUSTRY STAURANT
AND 212	13a S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN RYLAD MONTO	OTHER INSTITUTION TY OMERY	GIVE RESIDENCE BEFORE  134. CITY OR TOV  SILVER	MM	134 INSIDE CITY LIMITS?	13. STREET ADDRESS 12631 GEORG	JIA AVE.	20906
maker within and 2 to 100 to 1			RE ULME			15. MOTHER'S MAIDEN NA ANNA	MARIA	LEUK	ART
be execu	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	214-50-		17 INFORMANT WILLIAM ROBER	AT McCLUNG	L2631 GEO	
N ST., BAL certificate ing physicis rban papers r removol. is event, thu		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	OVARIAN (	CARCIN	IOMA			APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours rattending physician and cemplitative library filled in by os the burial-transit permit. Then please remove carbon papers. Pages 1 little 1 hours than Americal Hygiene prior to burial, cremation, or removal. conceded or them 18 shows any injury, or other troumatic event, the medical assimination to be recovered or the medical assimination to be recovered.		Conditions, if ony, which gave rise to immediate couse (o), stating the underlying couse lost.	(b)_	DR AS A CONSEOU					
RDS, 20 equires signed Then plu to burn to burn	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN	PART I(o)
AL RECO	CERTIFICATION	190 DATE OF OPERATION N/A		N/A	H OPERATIO	N WAS PERFORMED	20€ AUTOPSY? YES ☑ NO ☐	IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH? NO
SION OF VITA PHYSICIAN: T ending physicin this certificote to buriol-transis and Mentol Hygi		210, ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A	OF INJURY N.M. MONTH [ P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR	PART 2}
IVISION C	MEDICAL	21d INJURY OCCURRED  WHILE ON TWHILE OF AT WORK	21e. PLACE (AT HOME, ST	OF INJURY TREET, FACTORY OFFICE	FARM, ETC )	21f LOCATION STREET	CITY OR TO	OWN CO	DUNTY STATE
TTENDIN pital or TTOR: Affar use of far use of theolil		22c. I certify that (I) (this has sow the deceased alive an above, (I) (we have find no	Z3 DEC	FMREK 16	00	CEMBER _ 19 82 and that in (my) (aur) apinion	, 10	MBER , 19 8 lote and hour and f	(17 ()
AL OR A the hos AL DIRECTORED POT. If them		THE SIGNATURE	LCORI			DEGREE ATTENDING PHYSICIAN [	MEDICAL STA	FF _	2-24-82
TO HOSPITA retoined by TO FUNERA should be de with the Stot		22d PHYSICIAN'S NAME LTYPE C	OR PRINT)			ne ADDRESS  Bethesda N	la rel Hosp	ital B	ethesda Mó
01 of 01 s		URIAL, CREMATION, REMOVAL	236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	
BP		Burial	12/2			ton Nationa		on.	Virginia
DHMH - 16 50M 4/82 (VRA 15, 4)	-	arner E. Pum	ohrey,	Inc.Si		X /420	TE REC'D. BY REGISTRAN	DO. REGISTRAR'S	Clanice



nding physician and campletely filled in by the fucarbonpapers. Pages 1 and 2 should be filed with

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

32679

		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	MIDD	LE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 H	IOUR -
	( ) THE	Eliza	bEth	R. mc	Cannell	12	5 82 5	33
	3 SEX	·	4. RACE		OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)		IDER 24 HRS
		FEMALE	White	Man	7 9000	81 YRS	MONTHS DAYS HOU	RS MIN.
1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH.	AT COUNTRY? 8		9. BALTIMORE CITY OR COUN		
0		arvland	USA	WIDOW	D NEVER MARRIED	Montgomery		MD
-	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME		12a USUAL OCCUPATION	176 KIND OF BUS	
C	S	.S.	Caland	CILITY, GIVE STREET ADDRESS)	US9 Home	TYPE HOUSEWIFEING	INDUSTRY	
NO.		AL RESIDENCE (IF NURSING HOME OF		RESIDENCE BEFORE ADMISSION)		In creen appares		
	M	TATE MO	nt.	CITSORSOWN	13d INSIDE CITY LIMITS?	13. ST4E2TODDWarren	ton Drive	2
		THER'S NAME	as Diseases	<b>D 1</b> 07	15 MOTHER'S MAIDEN NA			
	W	ill Tam	wil.M.	Raley	Pauline	WIDDLE	Mattingl	
		AS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	1) II AL ORGANIZATA	205 PeachRESOrc		
		None whown	2 WAR OR DATES	07/ 09 //20	A Diana J.	Seibel(Daught	er) Mo	1.
		18 CAUSE OF DEATH (Enter or	nly one couse per line	for iou, ibu and ic	Λ	.2.	APPROXIMATE II	NTERVAL AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D)	ARdIAL	HRhe.	4 T	3 m	in.
		4292	DUE TO OR AS	A CONSEQUENCE OF A	4 - 1	0 -		
		Conditions, if ony, which	( 1b) Ca	steno 526	entic CArdi	DVASuda Vi	4000 104	U.
		gave rise to immediate cause (a), stating the	DUE TO OR AS	A CONSEQUENCE ON	11	A . 1 A	. /	
		underlying cause lost.	(c) A	ere nyAl	VAGGULAR	HCCidents	12/	2
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OF CONDITION C	GIVEN IN PART 110	
	ě	Congester	is Hear	* tail	re, an	dester 24	izura	21
7	CERTIFICATION	19a DATE OF OPENTION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS UTIFYING CAUSES OF D	ISED FATH2
	RTIF					YES NO.	YES NO	
3		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	216. TIME OF IN	JURY MONTH DAY YEAR	21t. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)	
	CAI	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19				
	MEDICAL	21d. INJURY OCCURRED	(AT HOME STREET, I	NJURY FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		AT WORK NOT WHILE AT WORK						
		22a. I certify that (1) (thus happy	19		86 19			li (was last
			view the body ofte	r death.		death occurred on the date and h		
		PANATURE O	W+ 1	1 A11. X	DEGREE ATTENDING .	MEDICAL STAFF	220 DATE SIGNI	D >
		Hage 15	James	y) rus	PHYSICIAN	DIRECTOR   PHYSICIAN	112.50	DL
		224 PHYSICHAY'S NAME (TYPES	OR PRINT)	1 The NO	27e. ADDRESS	1211/2 Colon	- I DVin-	)Ma
		GEDAGE BI	17 1RIC)	DIRPLY	17241 CDE	250, 11e, Silver	7/ 7/	910
	22- DI	URIAL, CREMATION, REMOVAL	23b. DATE	231 NAME OF C	EMETERY OR CREMATORY	123d LOCATION		

DHMH - 16 50M 1/B? (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been

PA FUNERAL DIRECTOR
Himes/Rinaldi 11800 N. H. Ave. S.S. Md.

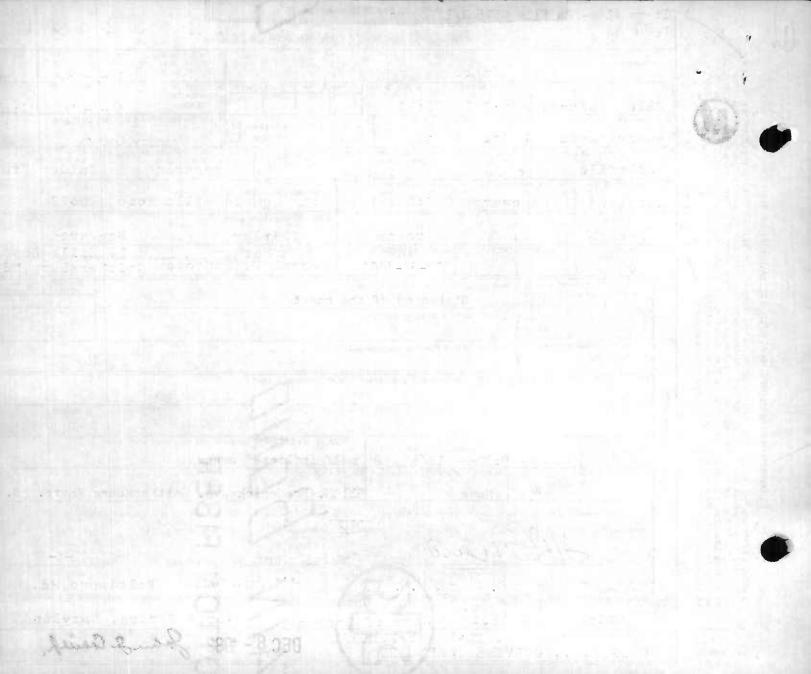
250, DATE REC'D. BY REGISTRAR P. ISTRAR'S SIGNATURE DEC 7 - 1982

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STATE OF MARYLAND

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		REGISTRAR	PST	MED	MIDDLE	NER'S C	ERTIFICATE O		KEC	3. NO.	N. VO.	
		E OR PRINT)	K91				LAST	20.	OF ESTI-	MONI	TH DAY YEAR	26 HOUR
	3. SE)		GARY	James DATE OF BIRTH	11001	OGAN EARS IF UN	DED I VD. LISTINGED		DEATH MATED	17	2-3-82	M
	100		A	AONTH DAY	YEAR LAST BIRTH	DAY) MONTH			DATE	MUNIT	N DAT TEA	R MOUR
ı		ale   Cauca		pril 1,		rrs.			DEAD		2-3-829	11:58
1	FC	REIGN COUNTRY)					ED   NEVER MARRI	IED X		_	ONTY OF DEATH	
4	re	nnsylvania		nited S	ITAL NURSING HOM	WIDOW			Montgom	ery Co	OUNTY RK 12b. KIND OF E	MD
4		ockville		HE NOT IN SUCH FACE	LITY, GIVE STREET ADDRESS		EK INSTITUTION	FOR MOS	T OF WORKING LIFE	)	OR INDUS	STRY
		L RESIDENCE (IF IN NURSING I	HOME OR OT	Shady Gro	ve Hospit	al		Car	penter		Snide	r Bro
1	13a. S	TATE   13b. C	OUNTY	omery	Gaithers	burg	13d. INSIDE CITY LIMITS? YES NO	13e STREET	ADDRESS Mills	Road	20877	
8	14. FA	THER'S NAME	M	IDDLE	LAST		15. MOTHER'S MAIDE	N NAME	WIDDLE		LAST	
		Joseph	W		McGrogar		Shirl	ley	М.		chwartz	
Į	16a V	(AS DECEASED EVER IN U. S, NO, OR UNKNOWN)   [1F YES	S. ARMED		166 SOCIAL SECURI	1	17. INFORMANT FE	ather	ADDI	RESS 14	4 Mills	Road
		No			219-64-48	04	Joseph V	W. Mc	Grogan	Gait	hersbu	rg,Md
I		18 CAUSE OF DEATH (En PART I DEATH WAS C									APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
ı		IMM	EDIATE C	AUSE (a)	abwound o		chest					
4		7560	b.fuk	DUE TO, OR A	S A CONSEQUENCE	OF						
		Canditians, if any, or gave rise to imme	diate	(b)								
		cause (a) stating the <u>u</u> lying cause last.	nder-	DUE TO, OR A	S A CONSEQUENCE	OF						
1				(c)								
١	Z	PART 2 OTHER SIGNIFICANT COND	ITIONS <u>CONT</u>	RIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PAI	RT 1 (a)				
1	ATIC	19a. DATE OF OPERATION		196 CONDITION	ON FOR WHICH OPE	RATION W.	AS PERFORMED?		11 11		20 AUTOPS	Y?
ı	IFIC										YES X	
1	CERTIFICATION	210 EXTERNAL CAUSE WA	NS.	21b. TIME OF I		21c. HC	W INJURY OCCURRE	D (ENTER NATI	JRE OF INJURY IN ITE	M 18 PART 1 OR	,,,,,	
		UNDERLYING OR	F OF DE A		12/3/ 198		lf inflicte	ed won	nd			
	MEDICAL	214 INJURY OCCURRED	. O. DEA	21e PLACE OF	INJURY (AT HOME,	211 LOC	CATION					
	X	WHILE NOT WHILE AT WORK	E JC	STREET, FACTO	RY, FARM, ETC.)		S. Frederi		TY OR TOWN		COUNTY Monte	STATE Md.
												5. Mu.
		220. I certify that I taak	charge af	$\wedge$ $\Box$		Autaps	_		Inquiry,	and in my	apinian	
1		death resulted fram:	Morrial	ausès L., /	Accident L., S	uicide LX	, Hamicide	Undeterm	ined manner	_],		
1		ACTUAL #	Ki	JUA	w		TITLE (SPECIFY)			DAT	TE 12-4-	.02
5		SIGNATURE	-			M.	D. <u>Assistant</u>	MEDICA	L EXAMINER	SIGN	NED	02
		EXAMINER'S NAME	orme	z R. Gua	rd. M.D.		111 P	enn S7	Treet	Balti	imore,M	d.
-	23e Bl	(THE ORTHON)			23c. NAME OF CE		ADDRESS	23d. LOCA			-,	
	15	JRIAL, CREMATION, REMOVE Burial	7	,1982	Gate			Sil.	ver Sp	ring	Mary1	and
		INERAL DIRECTOR ROE			DHREV FII	NEBV.				REGISTRAR'S	S SIGNATURE V	
	]	HOMES, P.A.,	ROCI	KVILLE.	MARYLAND	WERA.	DEC 8	- 198	2 Jac	ma	. Concell	مر
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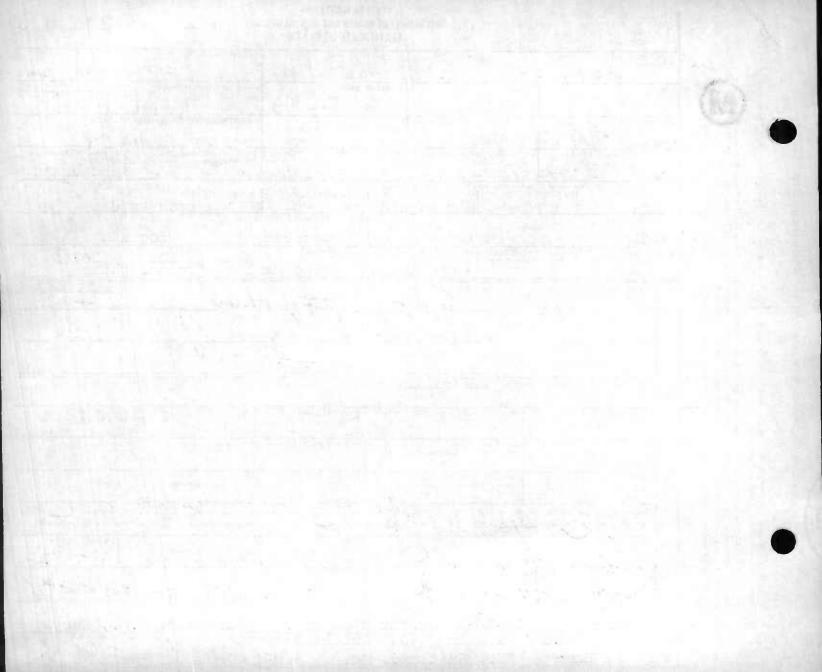
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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12/15/82

Tyson Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b HOUR December 10. 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Montgomery 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Economist U S. Dept. Labor

STATE OF MARYLAND

ADDRESS

Hohlt

20814

Susan D. Mellow same as 13e

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 11 Months

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

NO F

YES [

COUNTY STATE

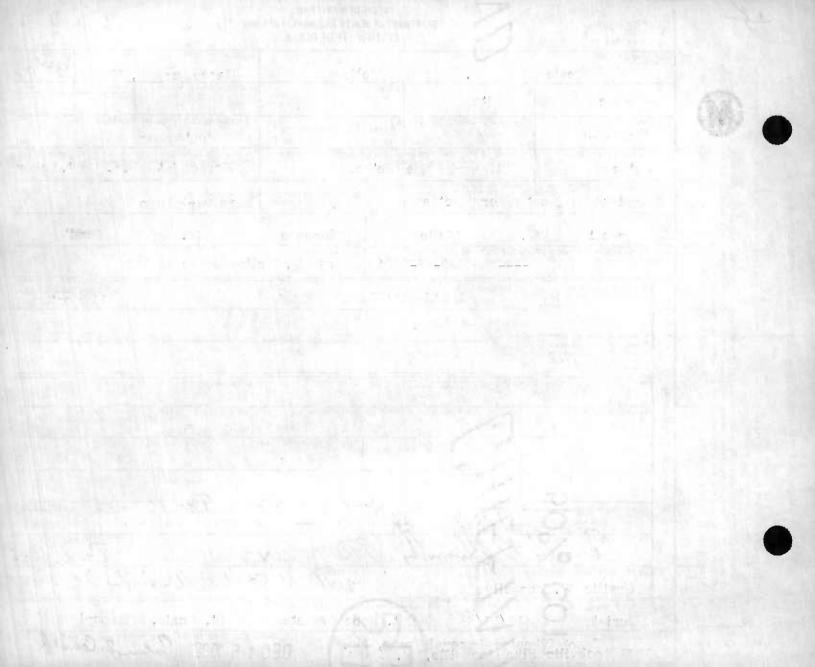
and that in (my) tour) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

St. Louis, Missouri

Mt. Hope Cemetery

BP

DHMH - 16 50M 4/82 (VRA 15, 4)



injury, or other troumotic event, th

IMPORTANT: If Item 21 is morked or Item 18 shows ony

STATE OF MARYLAND

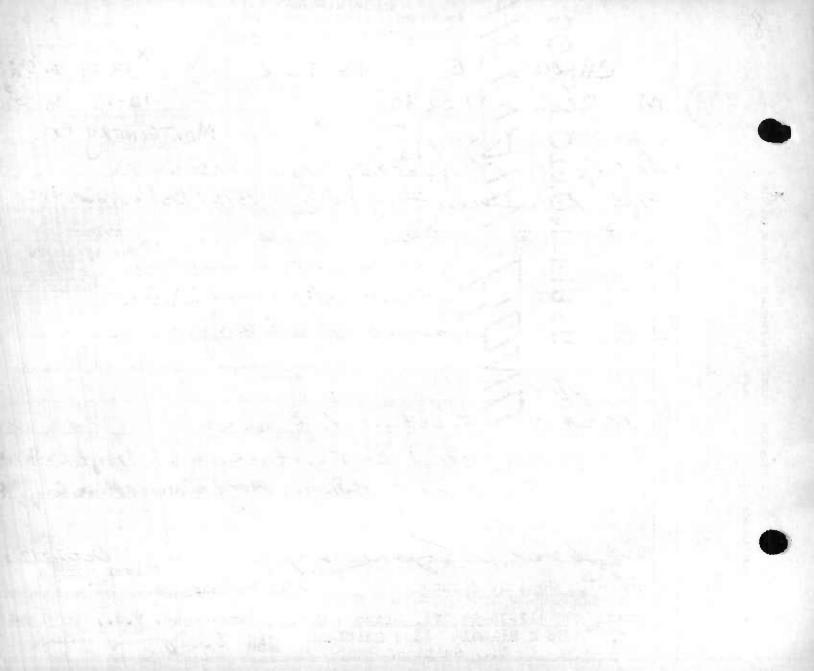
1 -	STATE REGISTRAR		DEPARIMEN		TE OF DEATH	REG. N		Color Color	
I. DE	CEASED NAME FIRST	MIDO	DLE	LAST		20. DATE OF DEATH	MONTH DI	AY YEAR	2b. HOUR
	ZABELL	E M	• M	ESROB	IAN	DEC.	13, 19	982	11:20 P
3. SE	X	4. RACE	5.	DATE OF B		6. AGE (IN YEARS LAST BIT		FUNDER 1 YEAR	IF UNDER 24 HRS
2	Female	White	ACCOMUNIC	Mar.	10 1895	87	YRS.	DATS	MIN.
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8.			9. BALTIMORE CITY		OF DEATH	
	Turkey	U.S.A.		IDOWED.	NEVER MARRIED D	Montgo	merv		MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOS	PITAL, NURSING	OME OR C	THER INSTITUTION	120. USUAL OCCUPAT	ION		F BUSINESS OR
Ch	nevy Chase		Retireme		Nursing Ctr	Homemake		INDUSTRY	Home
13a. S	AL RESIDENCE (IF NURSING MOME OF STATE 136 COU	130	e residence before add t. CITY OR TOWN hevy Chae	e Y	ES NO	7410 Conn	. Ave.		
	ATHER'S NAME	WIDOLE	LAST	15.	MOTHER'S MAIDEN NA	WIGOTE		LAS	1
	(Unknown)		rtmanian		Nectar			(Unk	nown)
		IVE WAR OR DATES)	77-84-493		informant ra Mesrobia:	n. Same as		12	
	No				Ta Mediouta	ite Danie ap	Trem		MATE INTERVAL ONSET AND DEATH
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		erebral I		ti on		24 I		
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	(b)	S A CONSEQUENC Cerebral S A CONSEQUENC	Arter	iosclerosis			5 1	(rs.
z	PART 2. OTHER SIGNIFICANT		TRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110	
MEDICAL CERTIFICATION	Hypertension		N FOR WHICH OP	ERATION W	AS PERFORMED	200 AUTOPSY?	206 IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
CAL CER	210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A.M.	MONTH DAY	YEAR	e. HOW INJURY OCCURE	Second Street	RY IN ITEM 18 PAI	R1   OR PART 2)	
MEDI	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	210 PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM		I. LOCATION STREET	CITY OR TO	)WN	COUNTY	STATE
	22a.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we)(did) (did n	12/4	19 02	/23 , and th	not in (my) (our) opinion (	to 12/13 death accurred on the d	ate and hour	and from the	
	22b. SIGNATURE	V RI	coins	DEC		MEDICAL STA	FF CIAN [	Dec.	14,1982
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	11.22	22	• ADDRESS				
	Robert V. C				530 Wiscons:		hevy C	hase, Mo	1. 20815
	BURIAL, CREMATION, REMOVA (SPECIFY)  Buria 1	12/17/1	_		ek Cemetery	23d. LOCATION CITY OR TOWN Washing	tona	D.C.	STATE
24. FU	UNERAL DIRECTOR JOSE PH NAME 5130 Wisc.	Gawler's	Sons, Ir	IC.		E REC'D. BY REGISTRA			URE

DHMH - 16 50M 4/82 (VRA 15, 4)

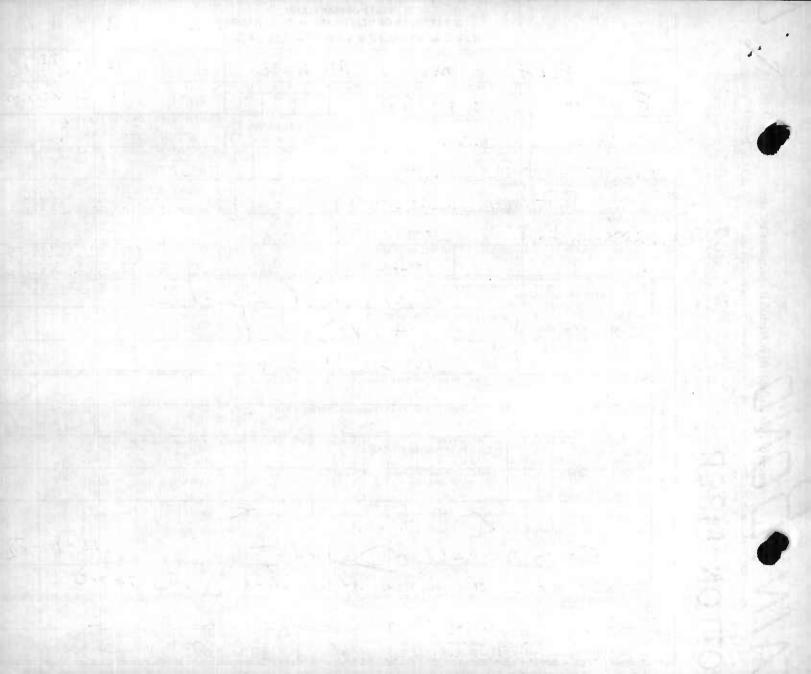
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A	STATE OF MARYLAND
4	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 2 0 8 0
-0	1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
	REG. NO.
	(TYPE OR PRINT)
20 a 10 20 F	CHARLES E NETTLER DEATH MATED 12-27 10 82 553 M
ASHER	SEX 14 RACE IS DATE OF BIRTH 16 AGE (IN YEARS IF UNDER 1 YR. IJE LINDER 24 HR. 17 DATE MONTH DAY YEAR 24 HOLIR
- W - BOOM	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED
A CODE	M CAUC 3-07-02 80 YRS. DEAD 12-27 1989 74 M
- 84 M	76. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 8
DASSET A	FOREIGN COUNTRY)  MARRIED NEVER MARRIED   MARR
Z502501	Jew York USA WIDOWED DIVORCED MONTGOMERY CO. MD.
2 HR H H	II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  II. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  II. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  II. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  II. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  II. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  II. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION  III. WAS OF HOME HOME, OR OTHER HOME, OR OTHER INSTITUTION  III. WAS OF HOME HOME, OR OTHER
ACAE YOX	Jet. Sp. Huly Cross Kless Retired - GSA
2 Z Z 20 Z	USUAL RESIDENCE (IF LANUESING, NOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
8 79K38	1136. STATE , TRANSCOUNTY & 1136, CITY OR I GWN / 1134 INSIDE LITY LIMITS? 1136 STREET ADDRESS?
PARA 21	130. STATE COUNTY CRECO 131. CITY OR TOWN 134 INSIDENTIFY LIMITS? 132. STREET ADDRESSES / LEVI & WE AVE
9 - 8889	4 FATHER'S NAME
- E-899/_/	FIRST MIDDLE LAST FIRST MIDDLE
S SSS SY	Charles Earl Mettler Minnie Vanvleck
N SAGE	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  160. SOCIAL SECURITY NO. 17. INFORMANT  ADDRESS  ADOVE  17. INFORMANT  ADDRESS  ADOVE  17. INFORMANT  ADDRESS  ADOVE  17. INFORMANT  ADDRESS  ADOVE  17. INFORMANT  ADDRESS  ADDR
E EA. 98	Yes 578-18-0263 G.Mary Mettler, Wife, 20785
A SPEAS	
7. 8. s. s. c.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:
N N N N N N N N N N N N N N N N N N N	IMMEDIATE CAUSE (0) Acute Myoczydie )
0 %E083%	1624 DUE TO, OR AS CONSEQUENCE OF
M N N N N N N N N N N N N N N N N N N N	Conditions, if any, which
PRES. JAN. S. C.	gove rise to immediate (b) Carcinom 2 Lung
W W W W W	couse (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF
Z W X X X X X	lying cause last.
2 0 3822	( (c)
B BOSETA	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10
8 #9955	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?  20 AUTOPSY?  210. EXTERNAL CAUSE WAS 216. TIME OF INJURY OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
55 55 7 -	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY?
A COMMA	
N SS S S S S S S S S S S S S S S S S S	11.2012 Evacture l. Ecanur YES NOS
A STATE OF THE STA	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
N O HE V	
SION SHORT	CONTRIBUTING CAUSE OF DEATH P.M. ( 1982 Evetvel while help in to be the VSI
M H H H H H H H H	UNDERLYING CAUSE OF DEATH P.M. 1982 Fuctive Limite help in the 2th Ver 21d INJURY OCCURRED  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.)  STREET, FACTORY, FARM, ETC.)  STREET STREET  STREET
2 2 2 3 3 1 S	WHILE AT WORK AT WORK OF STREET, FACTORY, FARM, ETC.)  STREET  STREET  STREET  AT WORK AT WORK  STREET  STREET  STREET  STREET  STREET  AT WORK  AT WORK  STREET  AT WORK  STREET  STREET  STREET  AT WORK  AT WORK  STREET  S
ST PACE	
SE SON SE	22e I certify that I took charge of the remains described above, held on Autapsy Inspection Inquiry, ond in my apinion
NEW PEN	death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined monner ,
EXA CERTINO B DIRECTOR	
	ACTUAL DATE O 2 - 40 0
DICAL TIETHE A SHOUL NEEAL AGREEN	SIGNATURE DATE OCC 27/9/2 MEDICAL EXAMINER SIGNOCC 27/9/2
SH - HOO	EXAMPLE S NAME Tohn S Porons
MEDICA CUTE THE A SH FIUNERA SH TIMORE	TYPE OF PRINTY John S. Rogers ADDRESS 1919 Seminary Rd. Md.
TO ME EXECUTION PAGE TO FUIT	
- marka	(SPECIFY) CITY OR TOWN COUNTY STATE
DI - BP	Burial 12-30-82 Ft. Lincoln Cem. Brentwood, P.G., Maryland
4000	24 FUNERAL DIRECTOR ROBT E Wilhelm 4308 Suitland 150 DATE REC'D. BY REGISTRAR'S SIGNATURE NAME
(VR A15 ME (5) )	FINANCE IN WILLIAM 4500 SULLIAM 5 1983
(VRAISME(S)) 15M 2/80	Funeral Home Rd., Suitland, Md.



		FOR				STATE OF MARYLAND OF HEALTH AND MENTAL HYGIENE 2 3 2 5 8 7							1	
		STATE REGISTRAR		ME	DICAL EXAMI	NER'S	ERTIFIC.	ATE OF D	DEATH	REG. N	0.			
i.		EASED NAME OR PRINT)	ELLA	-	MIDDLE .	1	Ticho	rels	OF	ESTI-	MONTH /2	31	YH90 2 2	b. HOL
201 W. PRESTON STREET,	3. SEX	P 1 RA	1) /	DATE OF BIRTH MONTH DAY SEPT 10	YEAR JAST BIRT	HDAY) MONT			PRONOL	INCED	MONTH 2	3/	82	1.4.
TS TEST						8. MARR	IED   NEVE	ER MARRIED	9. BALTI	MORE CITY	OR COUNT	Y OF DEA	TH	
13	PI	NNSYLVAN:		u.s.	. A .									٨
00				(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRES	5)	ER INSTITUTI	ION 120	FOR MOST OF WO	ORKING LIFE)	PE OF WORK			
35	13a. S	ATE	136. COUNTY	THER INSTITUTION, GI	VE RESIDENCE BEFORE ADMI	SSION)					un r	AOT	000	0.2
7			MUNIGO	MEKY	DILVER SP	RING				NIV. DL	VU., E	121	2090	13
0	14. FA	FIRST W	1: hac "	AIDDLE	WARGO		FIRS	2ST	IAME	MIDDLE	нті	I AN	:	
						RITY NO.			IGHT FR	ADDRESS			711.1	F R1
	(46	NO OR UNKNOWN)	(IF YES, GIVE WAR	R OR DATES)	177-12	-4340	MARY							
ľ		TI CAUSE OF DEA	ATH (Enter anly a	ine couse per line			~ ^		1			APPRO	OXIMATE IN	NIERVAL
		PARTIDEATH			mox	end	hal	h	anct	20				
		4100		ane couse per line far (a), (b), ond (c).)  APPROXIM. BETWEEN ON										
				(b)	A.	SVV								
				DUE TO, OR	AS A CONSEQUENC	E OF	0	~						
				(c)	NATO	en	Pens	sio						
	z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CON	TRIBUTING TO DEATH	BUT HOT RECATED TO THE TO	RMINAL DISEAS	E OR CONDITION	GIVEN IN PART 1 is	0					
7	ATIO	190. DATE OF OPER	RATION	19b. CONDI	TION FOR WHICH OP	ERATION W	'AS PERFORM	AED?				20 AUT	OPSY?	
71	FIC											YES		NO F
7	AL CERTIFICATION				MONTH DAY YE	AR 21c. H	OW INJURY C	OCCURRED (E	NTER NATURE OF	BI MƏTI MI YRULM	PART 1 OR PAR			
	MEDICAL	214: INJURY OCCU	IRRED	2Te PLACE	OF INJURY (AT HOME,				CITY OR T	OWN	COU	YINIY	W.	STATE
	-	AT WORK AT	WORK											
				of the remains des	cribed above, held ar	Autap	sy .	Inspection	Inquir	y 🔲. ai	nd in my ap	inion		
		death resulted fro	om: Naturol	couses.	Accident .	Suicide	, Homicio	de 🔲 . U	Indetermined r	nanner .				
		DAY SEPT 10, 1896   CO YEST   DAY		DATE	12 -	31 -	-8:							
		SIGNATURE	TUD	D-DI	ATER N		13 y		MEDICAL EXA	MINER	MONTH DAY YEAR 2 76. HO  MONTH DAY YEAR 214 HO  TY OR COUNTY OF DEATH  DMERY  (ITYPE OF WORK 126. KIND OF BUSINESS OR INDUSTRY  BLUD., EAST 20903  HILLAN  RES 8819 GLENVILLE RT  SPRING, MD. 20901  BPTWEEN ONSET AND DEA  BPTWEEN ONSET AND DEA  COUNTY STATE  ON, D. C.			
7	e		E 563	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MOOSE  MOOSE  MICHAEL  TO ALE PROMONIAL BY MOOSE  MICHAEL  TO ALE PROMONIAL BY MOOSE  MICHAEL  TO ALE PROMONIAL BY THE BY MOOSE AND THE BY BY BY MOOSE AND THE BY										
	(5	PEC IFY)	I, REMOVAL 236.		DEPARTMENT OF HEALTH AND MENTAL HYGIENE  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  MICHAEL  105									
			TO 11107			KY'S						GNATUR	F	
		NAME	TINTOUCLS	HOUNE		2000		TAA A1	6 108	3 5	and	2. Cal	hel	1
	5	JU UNIV.B	LVU., W.,	SILVEK	SPKING, MU.	2090	1	- M8 IN	200					



ILTIMORE, MARYLAND 21201	e be executed within 24 hours after death. Page 4 may	cian and completely filled in by the funeral errs. Pages 1 and 2 should be filed within 72 certicals.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	) HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may b ioned by the hospital or attending physician.	D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral bould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 forms the barrial the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

STATE OF MARYLAND 3 2 DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	'	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.		
		CEASED NAME	ildred		therine	Mil	ller	December		1982	26. HOUR 4:25P
	3. SEX	Female		4. RACE Caucas	ian	Sept	of Birth tembeř 12,°°1°918	6. AGE (IN YEARS LAST E	BIRTHDAY) YRS.	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
	7a. BI	RTHPLACE (STATE OR COUNTRY Virgin	ia.	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW!	D X NEVER MARRIED DIVORCED DIVORCED	9. BALTIMORE CITY Montgome	OR COUNT	Y OF DEATH	MD.
1	10. CI	Wheaton	ATH		HOSPITAL, NURSIN RACIUS GIVE STREET		DR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOS) HOUS EWE	FION OF WORKING	LIFE) 12b. KIND C	OF BUSINESS OR
	Ma	AL RESIDENCE (IF NUR. STATE ryland	131 COUN MONT	other institution ITY <b>Somery</b>	GIVE RESIDENCE BEFORE  13. CITY OF TOW  Wheaton	E ADMISSION) /N	13d. INSIDE CITY LIMITS?	137 71455 O Amh	erst	Ave. Apa	
	14. FA	Walter	Ľ	WIDDIE . •	Sullivan		15. MOTHER'S MAIDEN NAMES THE STATE OF THE S	Virginia		Griffl	
		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 223-14-8		17. INFORMANT DAUGH EVELYNE A. T		-	TZ RADIU EATON,MI	-
		1037	VAS CAUSEI IMMEDIAT	E CAUSE (a)	metastat R AS A CONSEQUE	ic	volon carcino	oma			nonths
	NC	Conditions, if ony gove rise to im cause (a), stati underlying coust PART 2 OTHER SIG	mediate ng the e last.	(6)_	R AS A CONSEQUI		NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART 10	О
	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERT	ES, WERE FINDING	
	WEDICAL CERT	21a. ACCIDENT WAS UN OR CONTRIBUTING [] (IF EITHER, NOTIFY MED 21d. INJURY OCCUR	CAUSE OF DEA	TH HOUR A.	M. MONTH D.	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART 1 OR PART 2)	
	ME		HILE [		REET, FACTORY, OFFICE, F	FARM, ETC.)	STREET	CITY OR	IOWN	COUNTY	STATE
		sow the decess obove (1) (we) (	/		A		nd that in (my) (our) opinion o	death accurred on the	date and he	our and from the	that (1) (we) lost couses stated
		226. SIGNATURE	enh S	Rose	n M	)	DEGREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	12 DATE	25/82
		Mark	ROS				Silver Sp.	ring, And.			
	23a. B	BURIAL, CREMATION	, REMOVAL	23b. DATE 12/28			N CEMETERY	ROCKVILL	E	MONT	MD STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

24 FUNERAL DIRECTOR FRANCIS J. COLLINS 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

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O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detoched for use as the burial-transit permit. Then please remove carb with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or

MPORTANT: If Item 21 is marked or Item 18 shows any

medicol

injury, or oth

1	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	3	2 5	8 9
	DECEASED NAME	FIR51		MIDDLE		AST	20 DATE OF DEATH	MONTH [	DAY YEAR	2b. HOUR
1 "	THE OW PRINT)	MARY	LO	UISE	MOH	IL .	December	21,	1982	4 A
3. S	SEX		4. RACE		5 DATE O		6 AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female		white		Jan.	21, 1940 YEAR	42	YRS	MONTHS DAYS	HOURS MIN.
7a.	BIRTHPLACE (STATE OF	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	<b>6</b>	9 BALTIMORE CITY	1110	OF DEATH	
RI	hode Island		USA		WIDOW	D NEVER MARRIED DIVORCED D	Montg	omery		MD.
1	CITY OR TOWN OF DE Laytonsvill			HOSPITAL, NURSIN HEACILITY, GIVE STREET Sunset	IG HOME (	OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) H. Wife	ION		F BUSINESS OR
130	UAL RESIDENCE (IF NUR D. 20879	136. COUN	VTY	GIVE RESIDENCE BEFORE 134. CITY OR TOW Laytonsv	N	136. INSIDE CITY LIMITS? YES 🔀 NO 🗋	13e STREET ADDRESS 6808 Sur	nset D	rive	
14 1	Albert	1	MIDDLE Ta	ylor LAST		15 MOTHER'S MAIDEN NAMED Hazel	ME MIDDLE		Brooks	ī
	WAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	166. SOCIAL SECU 036-26-5		Roger K. Moh	al Same a:	44		
	18 CAUSE OF DEAT PART I. DEATH V	VAS CAUSE	Ď BY: E CAUSE (a)	line for (a), (b), one	0/	Brain			APPROX BETWEEN	MATE INTERVAL DINSET AND DEATH
200	Conditions, if any gove rise to im cause (6), statiunderlying cause	mediote ng the	(b)	r as a conseque	NCE OF					
NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II									
RTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERTIF	, WERE FINDING CAUSES	
1 %	210. ACCIDENT WAS UN	DERLYING	216. TIME O	FINJURY		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	JRY IN ITEM 18 P.	ART I OR PART 2)	11.74

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER 19 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE

236 DATE

Dec.

COUNTY CITY OR TOWN

opinion death occurred an the date and haur and from the couses stated 22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PR

sow the deceased alive on above, (1) (was) (did not with

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

PRUV.

DEGREE

23c NAME OF CEMETERY OR CREMATORY

GATE OF HEAVEN

R. ISLANI

STATE

BP.

hospitol

etoined by the

HOSPITAL

24 FUNERAL DIRECTOR DHMH - 16 50M 1/B1 (VRA 15, 4)

MEDICAL

(SPECIEV)

230 BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

FRANCIS H. BARBER LAYTONSVILLE, MD. 20879

1982

fter death

25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

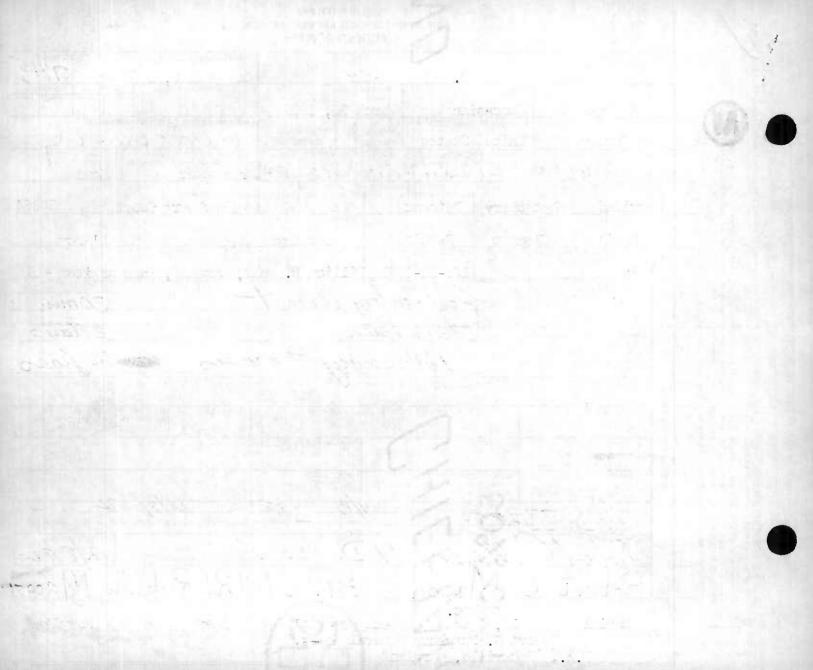
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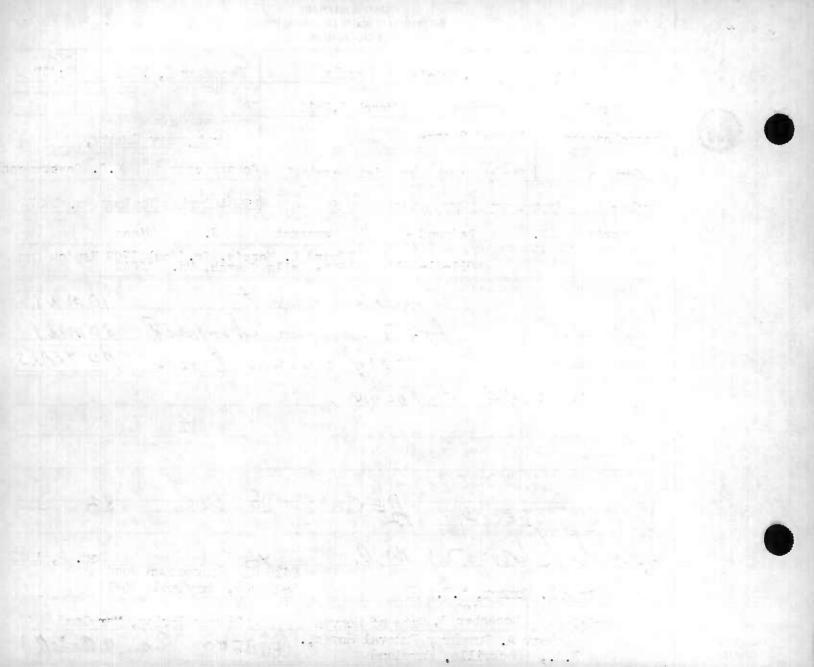
		REGISTRAR			EKTIFICATE OF DEATH	REG. NO	). ·	
0.81		CEASED NAME FIR	ST A	NIDDLE	LAST		MONTH DAY YEAR	26 HOUR
	( ( VPE	JO(	^	F	Mohr	December 8	. 1982	7:4
- 1	3. SE		4. RACE	5.	DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		
		He Male	Caucas	ian I	March 30. 1925	57	YRS. MONTHS DAY	S HOURS
, 40		RTHPLACE (STATE OR FOREIG		WHAT COUNTRY? 8	MARRIED X NEVER MARRIED	9 BALTIMORE CITY Q	R COUNTY OF DEATH	
01		ew Jersey	United	States w	VIDOWED DIVORCED	Mand	rame.	1
70	10 C	TY OR TOWN OF DEATH		OSPITAL, NURSING I	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINES
U		15ETHES]	PA 50	Gurbo	IN HOSPITA	Homemaker	Hom	
26	USU.	AL RESIDENCE (IF NURSING H		GIVE RESIDENCE BEFORE ADD	MISSION) 134. INSIDE CITY LIMITS?	13a. STREET ADDRESS		
9	M		ontgomery	Potomac	YES NO	6 Cherbour	g Court	208
1	14. FA	THER'S NAME	WIDDLE	LAST	15 MOTHER'S MAIDEN N.	AME MIDDLE		LAST
20		Louis	Clement	Serpico	Dorothy		D'A	rcy
1		VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES!	166 SOCIAL SECURIT	Y NO. 17 INFORMANT	ADDRE	SS	
1		No	ore rom on onico)	156-22-48	31 William D. M	ohr, Husband	. Same as i	tem #1
t, the		18 CAUSE OF DEATH (E	nter only one couse per	ling for law ly wond is	T No	1_		OXIMATE INTERVI IN ONSET AND D
		PART I. DEATH WAS C	AEDIATE CAUSE (0)	Kespira	con arres		30	min
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	73	Conditions, if ony, wh		Phenuo	mia		30	clay.
			the DUE TO, OF	AS A CONSEQUENCE	E QF +		20	11000
		underlying cause la	ost. (c)	Jalu	whary rec	4000	ac	gean
	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO DEA	ATH BUT NO PELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART	11a
	CERTIFICATION	19a DATE OF OPERATION	LIAL CONDI	TION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINI	DINICELIEE
5	FICA	198 DATE OF OPERATION	196 CONDI	HON FOR WHICH OF	ERATION WAS PERFORMED		IN CERTIFYING CAUS	ES OF DEATH
de	ERTI	21g. ACCIDENT WAS UNDERLY	ING   21b. TIME O	F IN ILIPY	121/ HOW IN IURY OCCU	RRED (ENTER NATURE OF INJUR	YES	NO 🗆
MPORTANT: If them 21 is morked or them 18 sh		OR CONTRIBUTING CAUSE	OF DEATH HOUR A.	M. MONTH DAY	YEAR	CEMEN MAJORE OF INJUR	TO THE TOTAL TO A PART OF	1 3
	DICA	(IF EITHER NOTIFY MEDICALE)	(AMINER) P./		19 211 LOCATION			
	MEI	WHILE NOT WHILE		EET, FACTORY, OFFICE FARM		CITY OR TO	WN COUNTY	ST.
		AT WORK AT WORK	handed) gatandad alf	deceased from	4/2 10.75	1 10 /2	18/ 10/22	that the for
		22a. I certify that (1) (this saw the decealed al	ive an 12/8/8	2 19	, and that in (my) (our) opinion	n death occurred on the do	ote and hour and from t	he couses sta
		obove, (1) (we) (did) (	did not i view the body	after death.	DEGREE			TE SIGNED
		Mother #	( ///	min	A / / ) ATTENDING	MEDICAL STAF	12	18 18
		MA PHYSIGIAN'S NAME	(TYPE OR PRINT)	01-	PHYSICIAN  22e. ADDRESS	DIRECTOR   PHYSIC	IAN	100
	10	Robert	CV	lacah	809 Viens 1	4:11 RJ R	abille 1	4/21
- 0	22- 1	BURIAL, CREMATION, REM	OVAL 236 DATE T	13CON	ME OF CEMETERY OR CREMATORY	23d LOCATION	C'AVITTE 1	41
	230.	SPECIFY)		Jec.	beck Memorial Pa:	CITY OR TOWN	COUNTY	arvlår
-8	24 F	Burial UNERAL DIRECTOR					The second secon	AVOIDE
			Poclar: 11	le. Marvla	uneral Homes, 250. Pf	Fr 13 1982	0	Market .
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

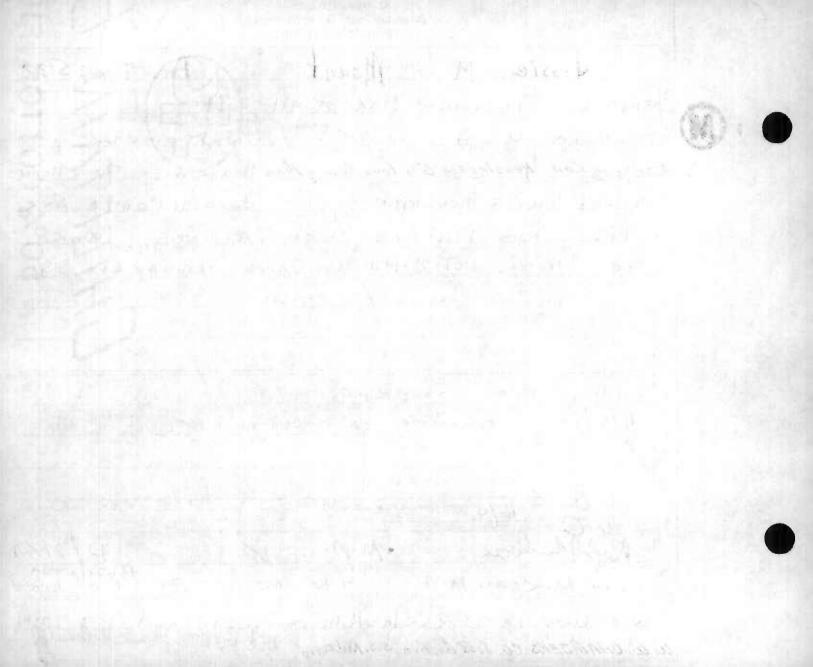


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STATE OF MARYLAND



STATE OF MARYLAND



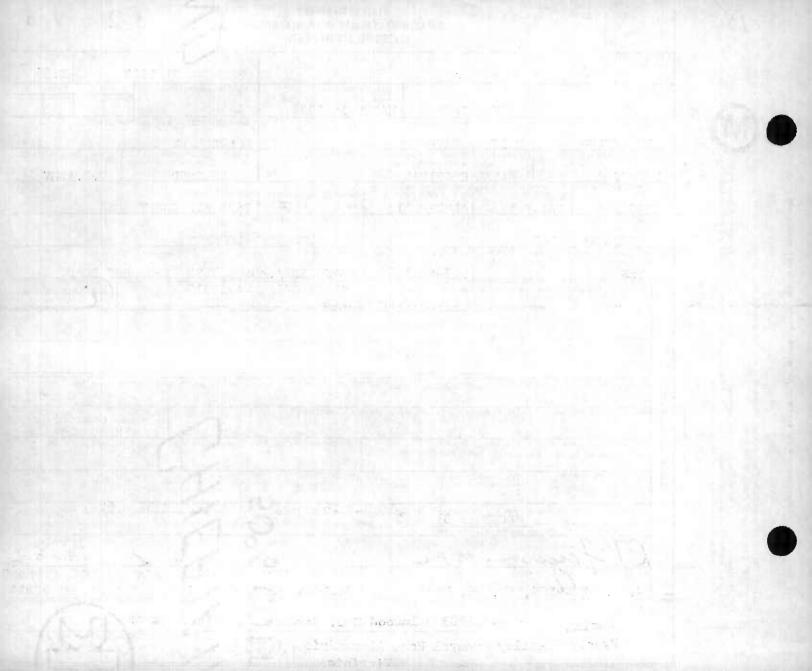
(VRA 15, 4)

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	1			STATE OF MARYLAND		
12	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 3	2695
9 7 ±		CEASED NAME FIRST James	MIDDLE T.	Munday	20. DATE OF DEATH MONTH	21 82 NA
4 may	3. SE	Male	4 RACE White	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
60.	7g. B	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	9 26 12	9 BALTIMORE CITY OR COUN	TY OF DEATH
5 5	i	OUNTRY)	U.S.	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐	MON	TEOMERY MD.
on rs ofter c softer c softer c softer c		ermantown	(IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION ET ADDRESS!  A TUNN Pd.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR LIFE] INDUSTRY
212 be fin	USU. 13a. S	TATE 136 COU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	sotwn Rd.
3 = 7 /5/1/	14. FA	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE WIDDLE	g IAST
	16a. V		MED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	ADDRESS	yphries ".d
E - 0 0 % 9"		No	220-26		nday - Jeffe	
		PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), a ED BY: TE CAUSE (a)	ac arrhythma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  5 MINA
6 6 60.4		Conditions, if any, which	DUE TO, OR AS A CONSEQUE	JENCE OF GEART disea	10	2 YRS
W.P		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		
30 original of '	N C	PART 2. OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
A RECC	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CER	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \( \bigcap \)
N OF VITAL  SICIAN: The ng physician of physician certificate ha urial-transit p tental Hygien Item 18 show	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	21c HOW INJURY OCCURED AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 1	B. PART 1 OR PART 2)
DIVISION OF VIT  DING PHYSICIAN: 1  or oftending physic  After this certificate  as the buriol-trans  alth and Mental Hyg  marked or them 18 st	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION	CITY OR TOWN	COUNTY STATE
TENDIFICATION OF TOR: A COT USE OF US		saw the deceased alive an	ital) attended the deceased from	00	death accurred on the date and h	, 19, that (I) (we) last our and from the causes stated
At OR. the hold of the properties of the DIRE of the DIRE of the DIRE of the DIRE of the DEPT of the D	8	22b. SIGNATURE	Sinderson M	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-21-82
O HOSPIT TO FUNER Should be with the Sit		THOMAS G.	SINDERSON, M.	THE WORL	VILLE PIKE, RO	OCKUILLE Md.
7 2 7	E	BURIAL, CREMATION, REMOVAL SPECIFY)	12/24/82 23t	NAME OF CEMETERY OR CREMATORY  ACCLAUN	Rockille	MENTY WATE
DHMH-16 60M 1/73 (VR A 15 (4))	24 FI	DE HULE	Barresel	the and DE	e rec'd. By registrar 256 regi	STRAR'S SIGNATURE

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(VRA 15, 4)



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(VRA 15, 4)

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FOR

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4) STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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## VOIDED DEATH CERTIFICATE #8-32701

NAME: Sarah H. Napier

DATE OF DEATH: January 15, 1983

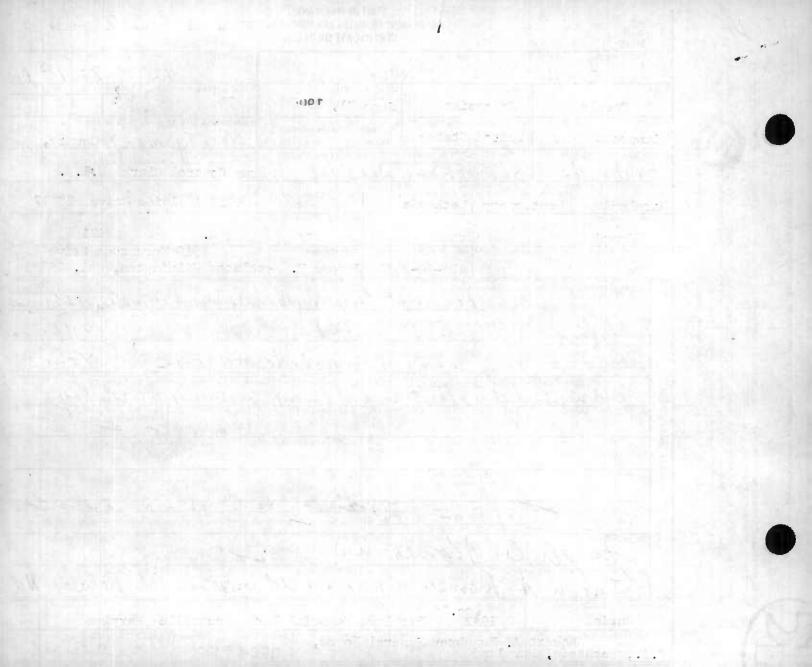
PLACE OF DEATH: Montgomery Co. SEE: Feb., 1983

Death Drawer

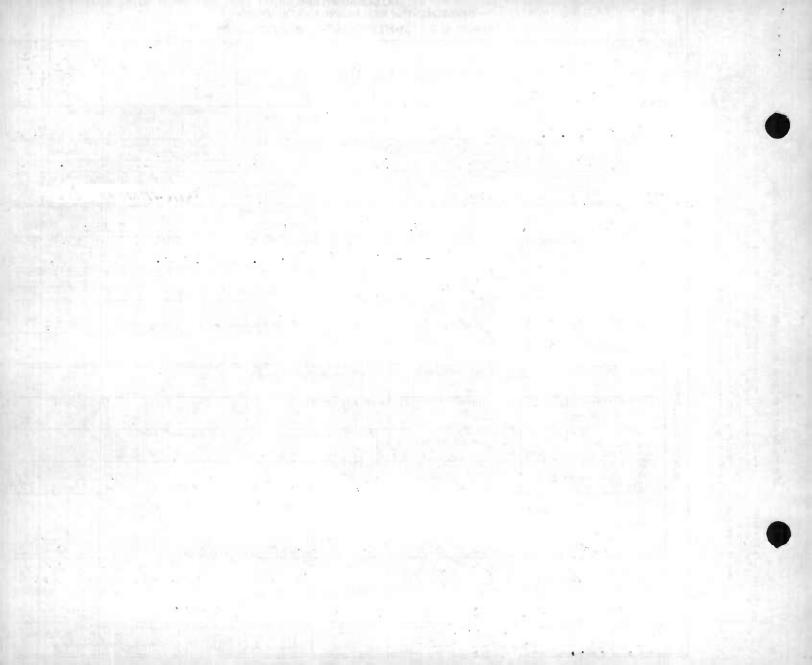


7.5	REGISTRAR		PST	MEDICA	AL EXAMINER	S CERTIFIC	ATE OF DE	ATH	REG. N	_	-	-	(Con
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0.50		S. I4. RACE	cott	Ken		Naugl			MATED X	4) 12 MONTH	OAY	9 82 YEAR 2	
			5. DATE OF	DAY YE	AR LAST BIRTHDAY) N	AONTHS DAYS	HOURS MIN.	PRONOUNG DEAD	CED			00	HO!
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	FOREIGN COUNTRY)		U,S.		M.	ARRIED   NEV	ER MARRIED   DIVORCED			_		~~~	
	Minneso City or town				NURSING HOME, OR		ION 12a. U	SUAL OCCUP		PE OF WORK	126 KINE	OF BUSIN	NESS
	Bethes	da	(IE NOT IN	SUCH FACILITY, G	ing Wood Rd.		FO	uter S	pecia	alist		NDUSTRY Duter	
	JAL RESIDENCE	(IF IN NURSING I	HOME OR OTHER INSTITU	JTION, GIVE RESID	ENCE BEFORE AGMISSION)	to a more or					1 0 000	pucer	0
130	Md.	M	ontgomery	r Ch	evy Chase	134: INSIDE CIT	NO   72]	REET ADDRES	ingwo	ood D	rive		
	John E	arl Na			LAST	E	thel Hal	Le	DOLE		LA		
160.	WAS DECEASE (YES, NO, OR UNKNO NO	OWN) (IF YE	S. ARMED FORCES s, give war or gates) <b>None</b>		social security no. 8 68 3663		ANT Ch E. Naugl	nevy Ch Le-fath	er 72	Md. 211 R	20819 Rollir	igwood	d D
	18. CAUSE C	OF DEATH (En	ter anly ane cause AUSED BY:	per line far (a)	), (b), and (c).)	g intoxi	cation				APPE BETWE	OXIMATE INT	TERVAI
	921	) MMM	(a)	)	CONSEQUENCE OF	0 11100111	.0002011						
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		ans, if any, s											
	gave r cause (a	rise to imme a) stating the <u>u</u>	ediate (b)		CONSEQUENCE OF								
	gave r	rise to imme a) stating the <u>u</u>	ediate (b)		CONSEQUENCE OF								
z	gave r cause (a lying ca	rise to imme a) stating the <u>u</u> use last.	ediate (b) nder- DUE	TO, OR AS A C	CONSEQUENCE OF	ISEASE OR CONDITION	GIVEN IN PART 1 to L.						
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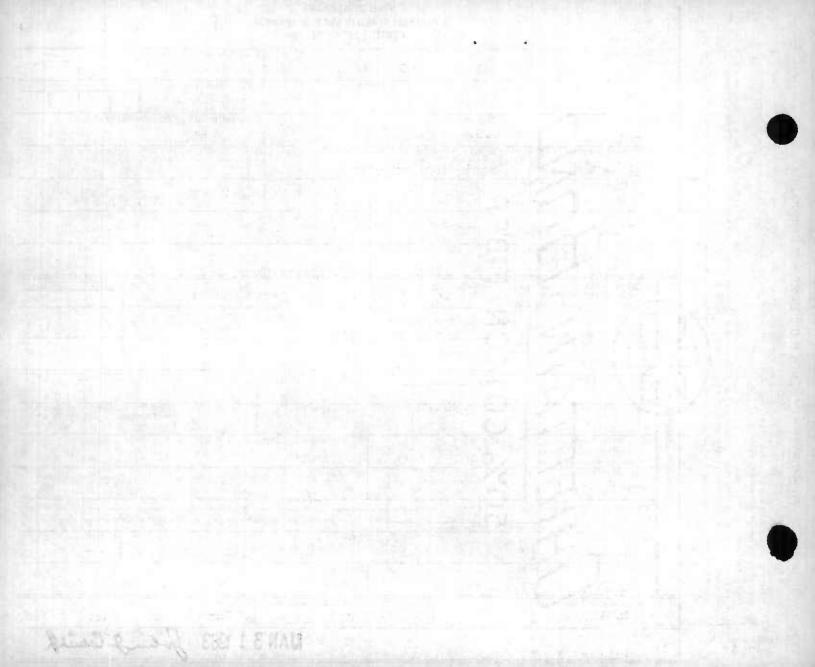


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	DEC	EASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN IF MON	TH DAY YEAR 26 HOL
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3 :	SEX	4. RACE 5. D	DATE OF BIRTH ONTH DAY YEAR LAST BIR	THDAY) MONTHS DAYS HOURS		H DAY YEAR 2d. HOL
	1216	Le CAUCE	eb. 23 29 53	YRS. HOURS	PRONOUNCED DEAD	14 1982 /2
7a	BIR FOR	THPLACE (STATE OR 7b   7b   17b   17	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. BALTIMORE CITY OR COL	JNTY OF DEATH
			United States	WIDOWED DIVORCE	1771	MER YCON
IU.	. CII	OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO	OME, OR OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WOIL FOR MOST OF WORKING LIEE) FINANCE Officer	OR INDUSTRY
115	SILAI	RESIDENCE (IF IN NURSING HOME OR OTH	HER INSTITUTION, GIVE RESIDENCE BEFORE ADA	10 4-1		0
130	a. ST	ATE 136. COUNTY	13c. CITY OR TOW	N 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS Buckha	
	_	HER'S NAME	GONERY PUTO IN	YES NO I		11 212 6 208
1	17	Andrew M	Newma	an Kathry	MIDDLE *	Shilenn
16	a. W	AS DECEASED EVER IN U.S. ARMED	FORCES? 16b. SOCIAL SECU			Lucksmanor
	(YES	OR UNKNOWN) (IF YES, GIVE WAR O	579-34		A. NewmanRd. Ro	
F	_	8. CAUSE OF DEATH (Enter anly on				APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
		PART I DEATH WAS CAUSED BY:	111/10 1		FARCTION	ACUTE
	1	7100	DUE TO, OR AS A CONSEQUEN		^	
	٦	Canditians, if any, which gave rise to immediate	(b) ARTERIOS	CLEROTIC CAR	DIOUMSCULAR L	IS UNDET
-		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE	CE OF		
			(c)			
1		PART 2 OTNER SIGNIFICANT CONDITIONS CONTI	RIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART	( 1 (a).	
- 1		19¢, DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED?		20 AUTOPSY?
1		-				YES NO Z
NOTIFICATION OF		TIG EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJURY OCCURRED	) (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	
		UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		FU COLLAPSET	IN CTOR	E
1 3	ă	Id. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, EIC.)	211. LOCATION	CONTRACTOR OF THE PARTY OF THE	
1	2	WHILE NOT WHILE AT WORK	STORES, PACIONY, PARM, ESC.)	CABIN SOMN A	TALL POTOMIAC.	Mon TENJER. 4 /
		22s. I certify that I taak charge at	the rempins described abave, held a	n Autapsy , Inspection	5	,
		death resulted from Matural co	1773	Suicide , Hamicide	Undetermined manner .	
1		1	Mr. 148	TITLE YSPECIFY) /		1.1.01
4		ACTUAL SIGNATURE	Mugallo	M.D. Dept	MEDICAL EXAMINER SIG	TE SNED
1		XAMINER'S NAME	. Malan	0/200/	11. 1 R	20814
-		TYPE OR PRINT)	CIS C MINYE	ADDRESS \$ 2000	VIS COUSIN HUNA	THESSA MIL
23	c.BU (SP	RIAL, CREMATION, REMOVAL 23 D		CEMETERY OR CREMATORY	Beallsville	Mary land
24	I. FLI	Burial 18	1	acy Cemetery	Deallsville EC'D. BY REGISTRAR 25 JUNESISTRAR	
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	L	- STATE REGISTRAR				CERTI	FICATE OF DEAT	H	REG. I	١٥.			
		CEASED NAME	FIRST		MIDDLE	2 1 3 8	LAST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
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(P)		ITY OR TOWN OF DEA	ATH	11. NAME OF	HOSPITAL, N	URSING HOME STREET ADDRESS)	OR OTHER INSTITUTION	ION	120. USUAL OCCUPA	TION OF WORKING	LIFE) IND	KIND O	F BUSINESS OF
2		Rockville		Shady	Grove	Advanti	st Hospita	al	Housewif	е			
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0	14 F.	ATHER'S NAME FIRST		WIDDLE	LAS	20878	15 MOTHER'S MAIL		MIDDLE			LAC	7
2		Irving			Balleng	ger	Nel	llie	Middle	E	urde	tte	
medical		WAS DECEASED EVER YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)		SECURITY NO. 34-6372	Mable Si	izemo	re, Boyds	Esclar	ksbu	irg F	ld.
,		18 CAUSE OF DEAT PART I. DEATH W	H (Enter on	ly one couse pe	er line for (a), (	b), and (c).)						APPROXI	MATE INTERVAL
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ury.	z	PART 2. OTHER SIGN	NIFICANTO	ONDITIONS	ONTRIBUTING	S TO DEATH BU			NAL DISEASE OR COI		IVEN IN	PART I/o	)
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		sow the decease obove, (1) (we)		-/1	- 6 .	200	ind that in (my) (our)	opinion d	leath accurred on the	date and hi	our and f	rom the	couses stated
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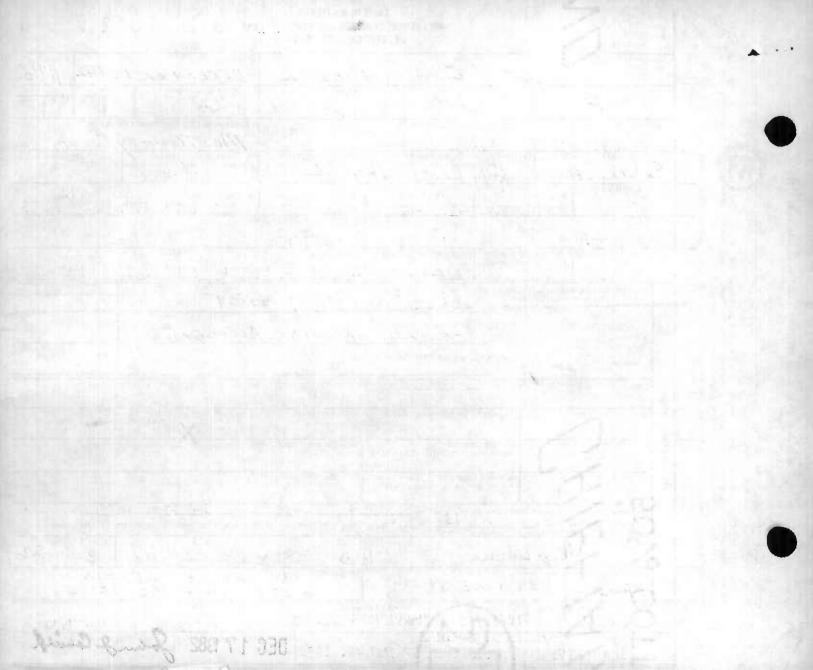
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CEKIE	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT  19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF ETHER NOTIFY MEDICAL EXAMINI 21d INJURY OCCURRED  WHILE AT WORK AT WORK  22a. I certify that (I) (this hosp saw the deceased dive a above (I) (**) I (did in the control of the	CONDITIONS C  196. COND  196. COND  216. TIME C  ACEATH  P  216. PLACE (AT HOME ST  OUT TO C  CONDITIONS C  CONDIT	ONTRIBUTING TO D  OTTION FOR WHICH (  OF INJURY  OF INJURY  REET, FACTORY OFFICE, FA  THE deceosed from  19  Wolffer doubt.	OPERATION  AY YEAR  19  ARM ETC.)	216. HOW INJURY OCCURR  216. LOCATION STREET  (a) that in (my) (aux) opinion of the complete o	PAL DISEASE OR CON    20a AUTOPSY?     YES	20b. IF YES, VIN CERTIFY IN YES IN THE MILE AND THE MILE	WERE FINDINGS USED NG CAUSES OF DEATH NO 1 1 OR PART 2)  COUNTY  STA  That (I) (I)  Ind from the causes stat  22c. DATE SIGNED  13 - 21-

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may be r, page 3 ter death	3. SE	COAY	4 RACE / S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR	IF UNDER 24
Page 4	7o. B	HRTHPLACE (STATE OR FOREIGN	0 8 21 14 68 YRS.	HOURS
100		PENNSYI VANTA	U.S.A. WIDOWED DIVORCED MONTGONERY Com	rfy
(M) 168	15	Silver Spring	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  HOMEMAKER	F BUSINES
7 19 30	13a.	TAL RESIDENCE HE NURSING HONE OR STATE 136 OUN MONTO	IN OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS APT # 7  FGOMFRY KENSTNGTON YES XX NO \( \sigma \)  13d. INSIDE CITY LIMITS? 3333 UNIV. BLVD. W.	12 208
od without ond 2 sh		ATHER'S NAME	MIDDLE LAST HENRIETTA BRYMESSER	
ond co Pages 1		WAS DECEASED EVER IN U.S. ARA	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS IVE WAR OR DATES)	USBAN
leath certificate then the physicic we carbon papers in an are remarked, somable event, the		PART I. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF  (b) CEREBRO VASCULAR ACCIDENT	MATE INTERV INSET AND D
quires that the c signed by the o her please remo to burial, creman njury, or other tro	NO	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0	1.
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DING PHYS or attendin After this of the bur olth and Me marked ar I	MEDICAL	21d INJURY OCCURRED  WHILE INOT WHILE INTO WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION  STREET CITY OR TOWN COUNTY	STA
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BP	23a	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN	LAND
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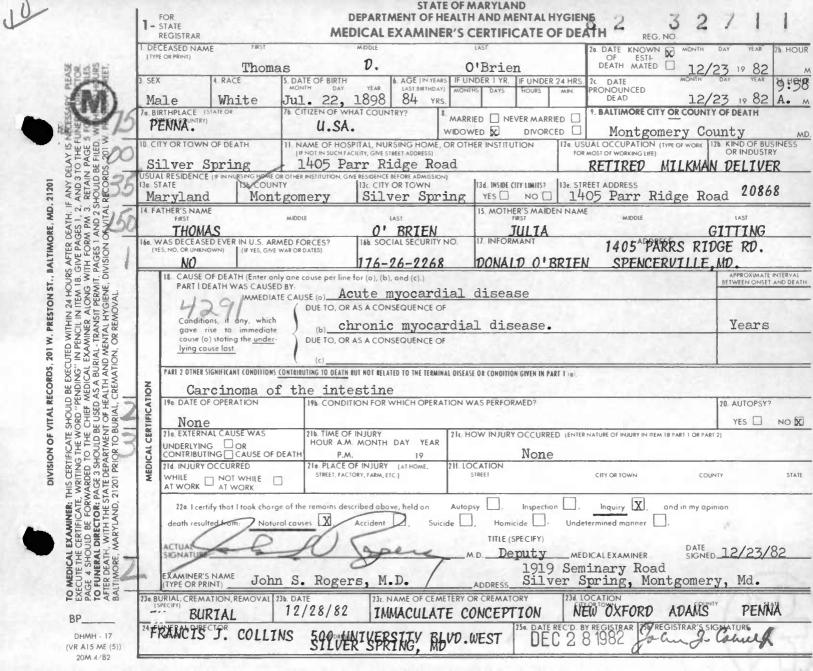
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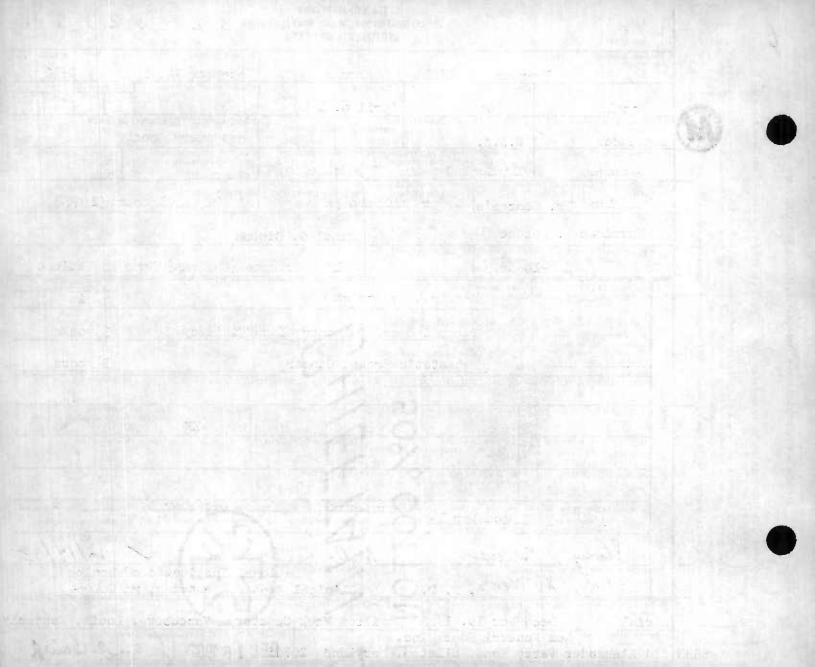
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30+1	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE B 2	3 2	7 1 2
		CEASED NAME FIRST	MIDDLE		LAST ,	20. DATE OF DEATH		26. HOUR
d we dead			ARTHUR OLEY			DECEMBER 3		10:30 Å
1 21	3 SE		4. RACE	MON		6. AGE (IN YEARS LAST BIRT	MONTHS DAY	
	1 0	MALE	CAUCASIAN	JUL.	7 <b>10</b> 1900	82	YRS.	
		IRTHPLACE (STATE OR FOREIGN COUNTRY) ALABAMA	UNITED STAT	TES MARRI		MONTG		MD.
4 47 200		BETHESDA	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O 5308 GLENV	OOD ROAD	(Montgomery	120 USUAL OCCUPATION OF WORK FOR MOST OF RETIRED	ON FWORKING LIFE) INDUSTR ONSULTANT	OCEBUSINESS OR HOSpital Admin
133	M		OR OTHER INSTITUTION GIVE RESIDE UNITY 13c. CITY	OR TOWN  THESDA	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 5308 GLENW		
Of and with		JOHN A. OLE		LAST	15. MOTHER'S MAIDEN N FIRST MARGARE	T K. KOCIMBA		LAST
dico de co		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	HAL SECURITY NO.	17. INFORMANT		SS Bethesda	•
1 64 1/		YES 192	3-1955 215	5-36-4264	A ELIZABETH M	. OLEY,5308		OXIMATE INTERVALEN ONSET AND DEATH
ING PHYSICIAN: The low requires that the death certificate be executed althin 24 hours of the days considered the security of the death certificate by the attending physician.  Wher this certificate has been signed by the attending physician and completely tilted in by as the buriol-transit permit. Then please remove certain adapter. Proper and 2 shared be like the and Mental Hygiene prior to buriol, cremation, as removed.	NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CO		T NOT RELATED TO THE TER	min al disease or cont	DITION GIVEN IN PART	1to
The low re- icion.  The hos been asit permit. Trgiene prior shows ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?  YES ☑ NO □	20b. IF YES, WERE FINE IN CERTIFYING CAUSI YES 1	
SION OF VITY PHYSICIAN: T physician this certificate the buriol-transi and Mental Hygi d or frem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (	DEATH HOUR A.M. MOI	NTH DAY YEAF		RRED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART 1 OR PART 2	1)
DING PHYS or ottendir After this e os the bu	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJUR (AT HOME, STREET, FACTOR	RY, OFFICE, FARM, ETC )	211. LOCATION STREET	CITY OR FO		STATE
1. OR ATTEND on the hospitol or DIRECTOR, A roched for use a Dept. of Head of the man of them 21 is man of the m		M. Ferow	on <u>DECEMBER 3</u> nat) view the bady after dea	ed fromDECE 119_82	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN X 1/2	3/83
TO HOSPITAL TO FUNERAL should be det with the Stote		M. BROWNING	O Prince		· BETHESDA,	MD ZORIY	WAC MEDIENL	EMB,
BP		BURIAL, CREMATION, REMOVA	1/11/1983	Arling	cemetery or crematory ton National	Cem. "Arlin		
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR JOSE 5130 Wisc. Av	re., N.W. as	MODRESS D.C.	25a. DA	TE REC'DABY BEGISTRAR	25 DECTORARY HEN	HATURE

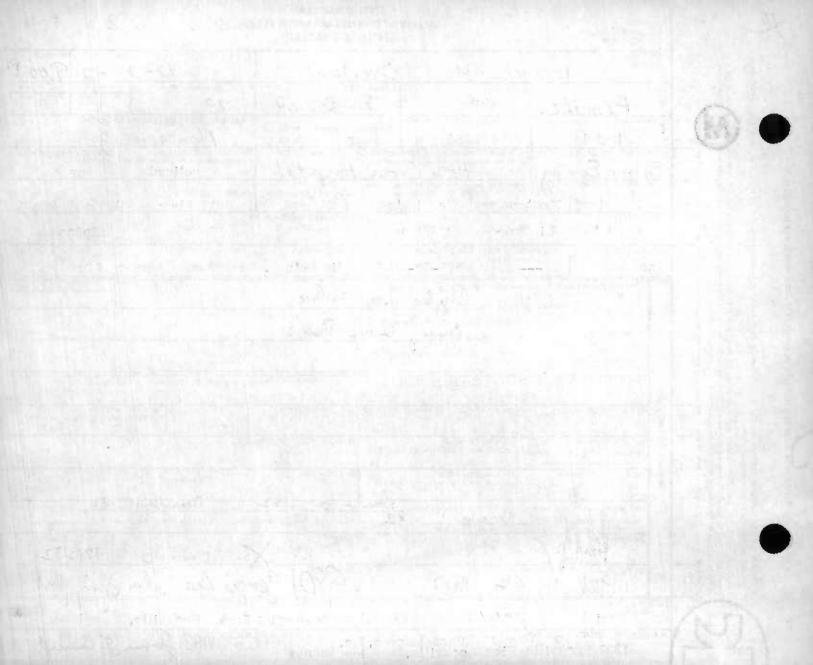
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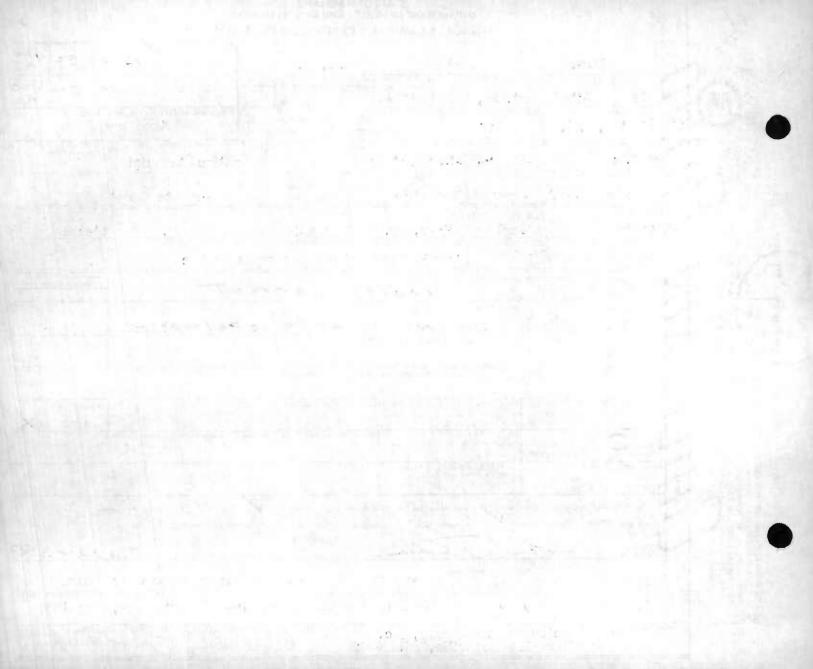
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME MONTH O DATE KNOWN LITYPE OR PRINTS ESTI-DEATH MATED Felix O'Ouinn 3. SEX DATE OF BIRTH A AGE (IN YEARS HE UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD white 14 1917 01 8:07am Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED Louisiana USA WIDOWED [ DIVORCED Montgomery County IL CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! Self Empoyed Dentist Washington Adventist Hospital 13c. CITY OR TOWN III STATE COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3222 Powder Mill Road YES V NO [ arvland Adelphi 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST FIRST Felix Edna O'Ouinn Russell A . 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 14h SOCIAL SECURITY NO 17 INFORMANT ADDRESS Mary G. O'Quinn- wife-(same as 13e) yes 437 10 1018 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which ED AS A BURIAL - TRANHEALTH AND MENTAL gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION USED AS 19a. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURNAL YES [] NO D 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (ATHOME 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE WHILE NOT WHILE AT WORK AT WORK 2 PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STANGE, MARYLAND, 2 Inspection 228. I certify that I took charge of the remains described above, held an Autopsy and in my apinian death resulted from Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATIM MAMINER'S NAME John S. Rogers, DME 1905 Seminary Road, S.S. Md. TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Maryland Veteran . 12-9-1982 Burial Cheltenham Prince Georges Md Cemetery 24 FUNERAL DIRECTOR Home 11800 N.H. 25a. DATE REC'D. BY REGISTRAR Avenue, **DHMH - 17** (VR AT5 ME (5)) Md. 20904 20M 4/B2

to the same of the Avenue Art - Day Avenue No. 101 - 101 | Fact of Land Avenue Avenu



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		9		М.	Ove	rton		0	2 9:00 1
	3. SE	E			5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		TYEAR IF UNDER 24 HRS
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	10. CI		11. NAME OF	HOSPITAL, NURS	SING HOME C		12a. USUAL OCCUPAT	10M 12M K	IND OF BUSINESS OR
08	5		9	Holy (	NOSS	Hospital	reti:	red	nurse
35		Maryland M	ontgomery	GIVE RESIDENCE BEF 131. CITY OR TO Kensii		YES 🛣 NO 🗌	130 STREET ADDRESS 3017 Ply	ers Mill R	oad 20895
6	14. FA			m # 145fe				-	• LAST
30									ipscomb
	( )	ES. NO OR UNKNOWN) (IF YE							.3e
		18. CAUSE OF DEATH (Ent	er anly ane cause per	lige for (a), (b),	and (c),	0.0		BET	APPROXIMATE INTERVAL
		PART I. DEATH WAS CA	AUSED BY:	7 17	11	failure	Laborate Laboratory		
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		Canditions, if any, which	h ( b)_	Coroner	Cleve	y visine			
		couse (a), stating th	DUE TO O	R AS A CONSEC	LENCE OF	U			
			181						
	Z	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CO	ONTRIBUTING TO	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PA	RT 1/0
-	ATIC	190 DATE OF OPERATION	19b COND	TION FOR WHI	CH OPERATIO	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
	IFIC						YES XI NOT	IN CERTIFYING CA	AUSES OF DEATH?
-	CERT	210. ACCIDENT WAS UNDERLYIN				21c. HOW INJURY OCCUR		-	
			OF DEATH						
	EDIC	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		21f LOCATION	CITY OR TO	IWN COUN	NTY STATE
	Σ	WHILE NOT WHILE T	] (AI HOME, SIN	EET, FACTORY, OFFIC	E, PARM, ETC.)	,			
		22a. I certify that (1) (this l	haspital) ottended th	e deceased from	1	leh 30 , 19 82	to Ulca	- Wal 19 62	that (1) (we) last
		above (i) (we) did (d	id not) view the bady	after death.	8/_, on	d that in (my) (our) opinian	death occurred an the d	ate and haur and fro	m the causes stated
		22b. SIGNA 1414	1				ARDICAL STA	7.77	DATE SIGNED
		Mary 1				PHYSICIAN			2712
1		22d PHYSICIAN'S NAME (	+- 416	M.D.		"980 ge	orgia Aue	Silver Ju	in Mel
	230 B	URIAL, CREMATION, REMO					1938 LOCATION CITY OF TOWN	YTHUO?	STATE
	04.5	Burlal			Park.	awn Memorial		-	
2	24. FU	T331 Rocky	ille Pike I	Funeral. Rockville	Home, I	nc. 20852	C'8 1982	John J.	Concep
	501	3. SEX 3. SEX	TO THE PRINT OF THE PART I. DEATH WAS CAUSE OF OPERATION  18. CAUSE OF DEATH IS THE PART I. DEATH WAS CAUSE (1985 to immediate couse (a), stating the underlying couse loss of couse (a), stating the underlying couse (b).	1- STATE REGISTRAR  1. DECEASED NAME (TYPE OR PRINT)  3. SEX  4. RACE  White  70. CITY OR TOWN OF DEATH  11. NAME OF I (IPNOT IN SUC  WISUAL RESIDENCE (IMMURSING POM) OR OTHER INSTITUTION. 130. STATE  MASUAL RESIDENCE (IMMURSING POM) OR OTHER INSTITUTION. 130. STATE  MASUAL RESIDENCE (IMMURSING POM) OR OTHER INSTITUTION. 130. STATE  MASUAL RESIDENCE (IMMURSING POM) OR OTHER INSTITUTION. 130. STATE  MASUAL RESIDENCE (IMMURSING POM) OR OTHER INSTITUTION. 130. STATE  WAS DECEASED EVER IN U. S. ARMED FORCES? (YES. NO OR UNKNOWN)  14. FATHER'S NAME  ETHÖST  LINDWOOD  16. CAUSE OF DEATH (Enter anly ane cause per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CO  190. DATE OF OPERATION  190. CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  21d. INJURY OCCURRED  21d. INJURY O	STATE REGISTARR   DECASED NAME   FIRST   MODES	TO STATE REGISTRAR  1. DECEASED NAME PROST POPERON CITYPE OR PRINT]  3. SEX  1. RACE White SO AME COUNTRY?  3. SEX  1. RACE White MODIE MARKET OF POPERON PRINTING PR	Topic   The property   The control of the property   The control	PORT   PROPERTY   PR	DEPARTMENT OF HEALTH AND MENTAL HYGENE 8  1. STATE REGISTAR  REGIS





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	1 -	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & & & & & & & & & & & & & & & & & &								
		CEASED NAME FIRST OR PRINT; France	MIDDLE	1	Pa/o	December	14, 1982	26 HOUR 10:13			
3	F. SEX		4 RACE Caucasian	Jan*		6 AGE TIN YEARS LAST BIR	THOAY) IF UNDER LYEAR MONTHS DAYS	IF UNDER 24			
45	a. BIR	THPLACE   STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE	D NEVER MARRIED	Mon Ty	R COUNTY OF DEATH				
1 6-6		ver Spring	11. NAME OF HOSPITAL  MENOT IN SUCH FACILITY, C  HOLY CASS		/	USUAL OCCUPAT LIVE OF WORK FOR MOST OF Manger	IONI 196 KIND C				
35	USUA 139. S Ma	RESIDENCE (IF NIT SING HOME)	or other institution, give reside UNIY ntgomer y Sil	ORLOWN Spring	13d. INSIDE CITY LIMITS?	718 Hankii	n Street				
50	4 FA	THER'S NAME  UNK	unk Jills	on in the state of	Johanna	unk	unk	51			
1			GIVE WAR OR DATES)	03 ≈1831	Mrs. Doroth	y J. Jones	see 13E				
	NOU	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANI		ING 10 DEATH BUT							
9	CERTIFICATION	198. DATE OF OPERATION	III. CONDITION FOI	R WHICH OPERATIO	N WAS PERFORMED	764 AUTOPSYP	IN CERTIFYING CAUSES YES				
1.00	233	21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D THE ETHER, NOTED MEDICAL EXAMPLE.	HOUR A.M. MOR	NTH DAY YEAR	Nr. HOW INJURY OCCURS	MED (14/88 HATURE OF HILL	SEL RELIEW OF WART I OR WART TO				
- / 1	MEDICAL	214 NJURY OCCURRED	214: PLACE OF INJUR (AT HOME, STREET, FACTOR	H. OFFICE FARM. ETC.)	THE LOCATION	CM ON TO	own countr	:570			
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1		27a t certify that (I) (this has sow the deceased alive a about TVA (did) (did)	on the body offer one		DEGREE ATTENDING	MEDICAL STA	ate and hour and from the	157			

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(VRA 15. 4)

Hyattsville, Maryland

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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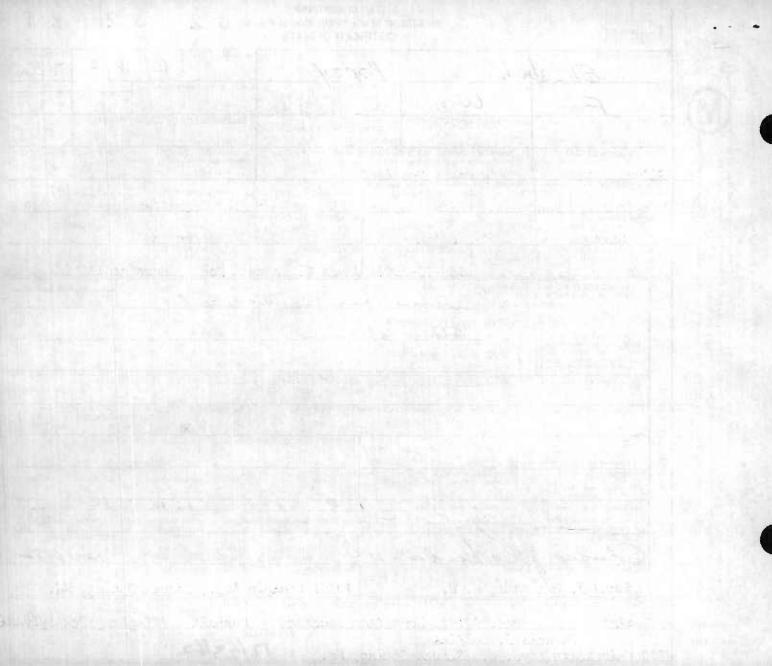
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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(VRA 15, 4)



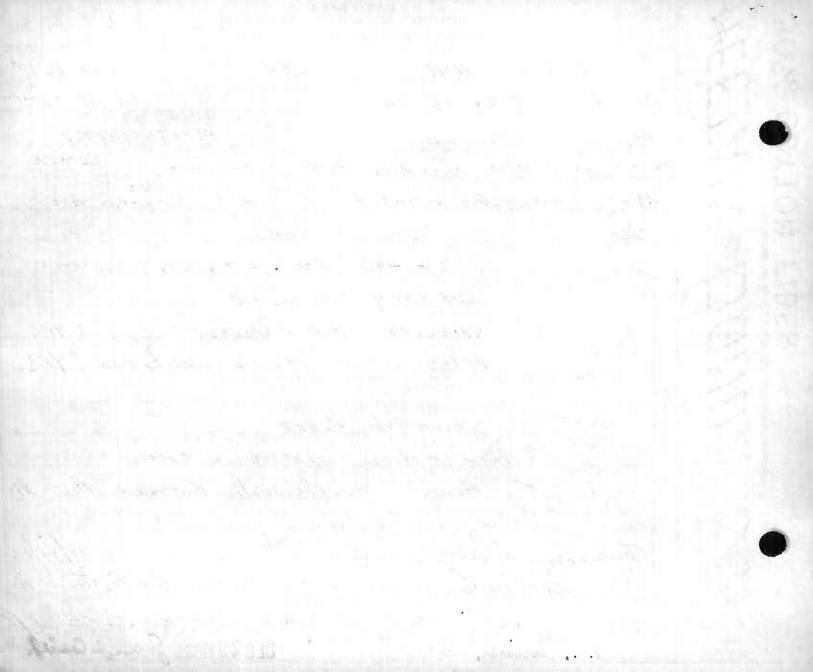
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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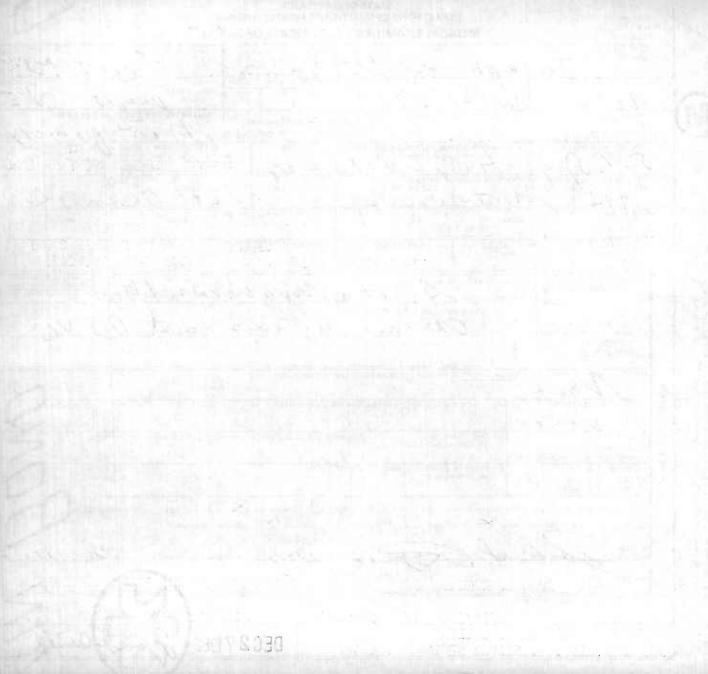
DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH MONTH 2b HOUR (TYPE OR PRINT) Paulus Joseph A. December 11, 1982 4:30P M 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR IF THEIR PARKET MONTH YEAR 28,1901 Male Caucasian March 7g. BIRTHPLACE LISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery County Minnesota United States WIDOWED X DIVORCED [ ID CITY OR LOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Silver Spring Althea-Woodland of Silver Spring Sales Manager A.T. & T. USUAL RESIDENCE (IF NURS 13c CITY OR TOWN 13e STREET ADDRESS 1 13d. INSIDE CITY LIMITS? 690 S. Alton Way Colorado 80231 Denver Denver 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Smyth Paulus George Anna 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Sherry, Son-in-law, Verne St. Bethesda, John 528-01-91246209 (YES, NO OR UNKNOWN) No MD. 20817 APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (5 RIDSCLEROSIS Conditions, if any, which apve rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG LOD WE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 21m ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH DIVISION OF (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY TAT HOME STREET, FACTORY, OFFICE FARM ETC ) COUNTY CITY OR TOWN STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from, saw the deceased alive an 1211 Coobave, (I) (we) (did) (did not) view the badyafter death. .19.82\_\_\_, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OF PRINT) 10829 Georgia Avenue d b Henry W. Stout, M.D. Silver Spring, Maryland 20902 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Dec. STATE 1982 Burial Gate of Heaven Cemetery Silver Spring 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNA DHMH - 16 50M 1/81 Robert A. Pumphrey Funeral (VRA 15, 4) Homes, P.A., Bethesda, Maryland

17 1962 Sent to Ball to

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-VICTOR NMI PEREKA AGE (IN YEARS IF UNDER 1 YR DATE YEAR LAST BIRTHDAY PRONOUNCED 74/YRS DEAD CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) MONTGOMER WIDOWED DIVORCED Cuba United States 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Chevy Chase Bookkeeper Company USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, Zip: 20815 13a. STATE 13d. INSIDE CLEY LIMITS? 113e. STREET ADDRESS MD WILLARDS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Luis Perera Francisca Rodriguez 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO EYES. NO OR LINKNOWNS 265-78-0463 Dulce M. Perera Wife, Same as item #13 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: OCCLUSION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in < 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURI YES 🗍 NO D STATE DEPARTMENT UNDERLYING OR CONTRIBUTING CAUSE OF DEATH COLL APSED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion Hamicide Undetermined manner EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 236. DATE Dec. Gate of Heaven Cemetery | Silver Spring 28, 1982 BP Burial 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes. **DHMH-17** (VR A15 ME (5)) Bethesda, Maryland 15M 2/80



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN DO MONTH (TYPE OR PRINT) OF ESTI-DEATH MATED DATE OF BIRTH SEX 4 RAC 6 AGE AN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS PENNSYLVANIA DIVORCED WIDOWED SHOULD BE FILED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION DEPT OF LABOR SAFETY ENGINEER RECORDS, USUAL RESIDENCE 20902 13a STATE CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS FORM PM 3. F SES 1 AND 2 SH ION OF VITAL R 14. FATHER'S NAME MIDDLE MIDDLE FIRST LAST COSTELLO MARY PERZELLA SAMUE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMATO AUGHTER ADDRESS INFIELD COURT DIVISION IYES, NO. OR UNKNOWNS (IF YES, GIVE WAR OR DATES) ROCKVILLE.MD. 20854 207-01-7369 ELLEN DOWD 18 CAUSE OF DEATH (Enter only one cause per line for (a), (by, and (c). SAL EXAMINER ALONG W BURIAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which ED AS A BURIAL - TRAN HEALTH AND MENTAL IL, CREMATION, OR RE gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNAFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? USED NTOF YES NO VARDED TO THE CHANGE 3 SHOULD BE LEATE DEPARTMENT OF BE 21g. EXTERNAL 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME 21L LOCATION AT WORK AT WORLE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN COUNTY STATE 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide \ Natural causes death resulted fram: Accident Undetermined manner TITLE (SPECIFY) ACTUA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 1919 SEMINARY RD. SILVER SPRING, MD. ROGERS TOHN TYPE OR PRINT ADDRESS 23d LOCATION 23c, NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DATE MD. MONT GATE OF HEAVEN SILVER SPRING BURIA BP. 24 FUNERAL DIRECTOR REGISTRAR'S SIGNATURE FRANCIS J. COLLINS **DHMH - 17** 500 UNIV. BLVD. W. SILVER SPRING, MD. 20901 (VR A15 ME (5) 20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

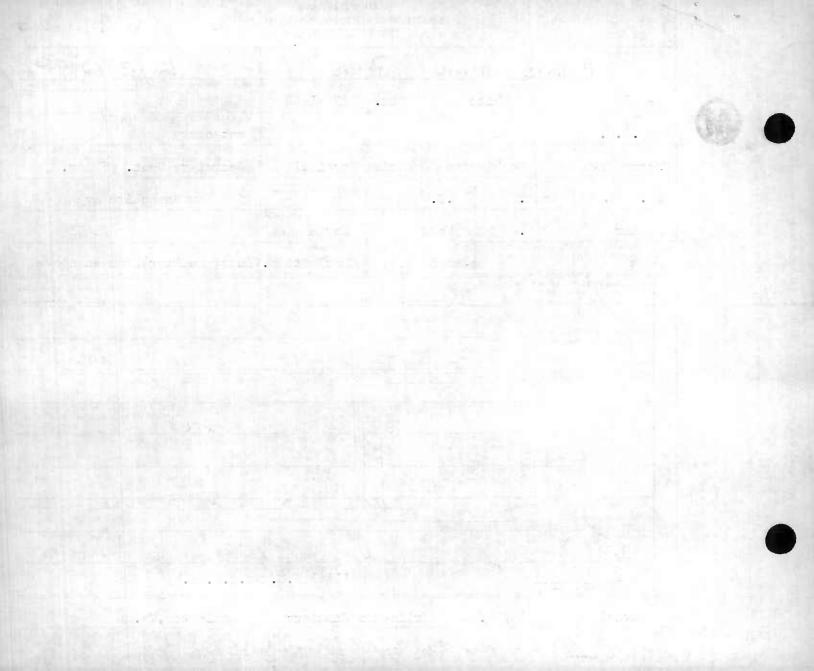
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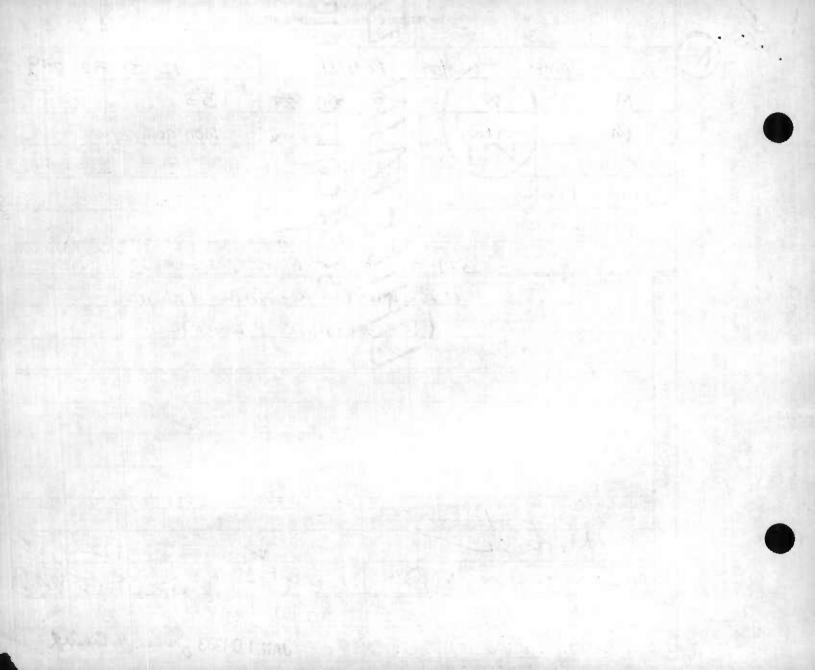
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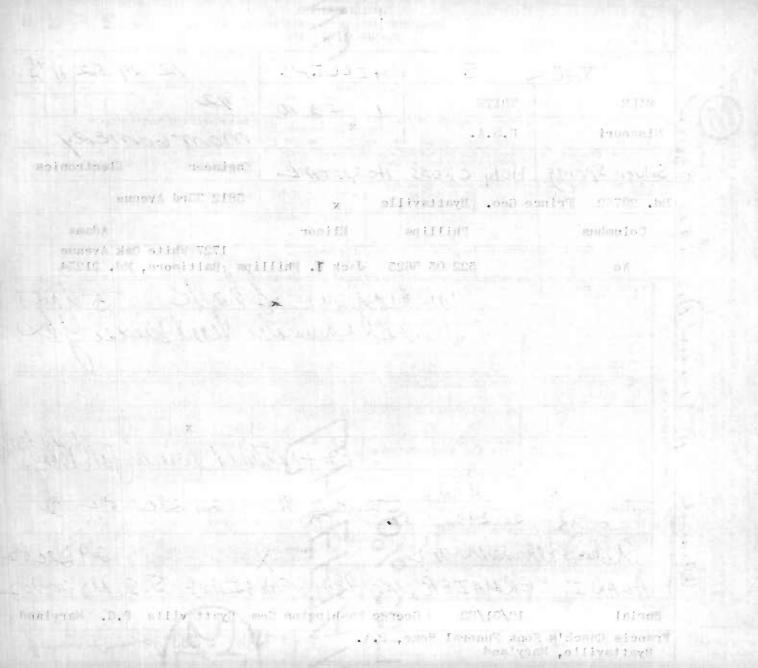
		REGISTRAR			CEKIII	ICATE OF DEATH	REG. N	0.			
		CEASED NAME FIRST		MIDDLE		LAST	20 DATE OF DEATH		AY YEAR	2b HOUR	
	(TYPE	Celes	to W	larie	Po	ters	100	12/1	3/82	953	
	3 SE		4 RACE	TOUT	5 DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
		emale	Whit		Oct.	23° 192°2°	60	YRS.	ONIHS DAYS	HOURS MIN.	
17		RTHPLACE (STATE OR FOREIGN COUNTRY) Sh.D.C.	76 CITIZEN OF	WHAT COUNTRY	MARRIE WIDOW	DIVORCED	NEVER MARRIED 9 BALTIMORE CITY OR COUNT				
1	10 C	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSI	NG HOME	OR OTHER INSTITUTION	12ª USUAL OCCUPAT		12b. KIND C	MD.  OF BUSINESS OR	
1		koma Park				Hospital	Secretary	Dept	of Ag	gr.	
5	13a S		OR OTHER INSTITUTION UNITY	134. CITY OR TOV	RE ADMISSION)	13d. INSIDE CITY LIMITS?	8500 New I	lampshi	ire Ave	2	
C		ATHER'S NAME ester	MIDDLE F.	Moss		Marie Marie	ME		Kend	lig	
		VAS DECEASED EVER IN U.S. A	RMED FORCES?	16b SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRE	SS			
	N	one	PINE MAN ON DATES!	266 38	0066	Charleste M.	Vines (Daugh	iter)Sa	ame as	above	
		18 CAUSE OF DEATH (Enter	only one couse pe	r line for (o), (b), or	nd ic				APPROXI	MATE INTERVAL	
		PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (o)	Carcin		tosis			6-6	11 1	
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		gove rise to immediate couse (a), stating the	101_		151105.05						
		underlying couse lost.	DUE 10, O	CARCIN		GASTRO INTES	TINAL TRO	CT	No,	the	
		PART 2. OTHER SIGNIFICANT	CONDITIONS C								
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1	TEK						YES NO NO	IN CERTIFY YES	ING CAUSES	OF DEATH?	
2	GE	21a. ACCIDENT WAS UNDERLYING	21b. TIME C			21c HOW INJURY OCCURR					
7		OR CONTRIBUTING CAUSE OF D	LAIN	.M. MONTH D .M.	AY YEAR						
	MEDICAL	21d INJURY OCCURRED		OF INJURY	19	21+ LOCATION					
	ME	WHILE NOT WHILE AT WORK	(AT HOME ST	REET, FACTORY OFFICE.	FARM, ETC.)	STREET	CITY OR TO	WN	COUNTY	STATE	
		220 I certify that (1) (this has	pital) attended th	ne deceased from	M	1078	in Dec 1.	3	082	that (1) (we) lost	
	17	sow the deceased alive of	n Dec	13 198	2	nd that in (my) (our) apinion o	death occurred on the de	ate and hour			
		obove, (I) (w/s) (did) (did)	not view the body	ofter death	1000	DEGREE			22c DATE		
		Tel A	1			ATTENDING	MEDICAL STAI			3-82	
		224. PHYSICIAN'S NAME (THE	OFFINIO )			122e ADDRESS	DIRECTOR PHYSIC	IAN []	12-1.	000	
1		Robert Ire				11161 N.H.A	ve.S.S.Md.				
_	22. 0	SURIAL, CREMATION, REMOVA	-	100	NAME OF S	5455504.00	In the Carlon				
	230 8	SPECIFY)  Burial	12/16/			emetery or crematory	23d LOCATION CITY OR TOWN Arlingto	n Va	COUNTY	STATE	
		LILL LELL	( 1 /. /   1   1   4	VIC. IAI	1 [ ] [ ] [	714 1 (m) [1] [m] [m] [ ]	I ALLIUI(	111 - 1/24 -			

DHMH - 16 50M 1/81 (VRA 15, 4) 74 FUNERAL DIRECTOR

MPORTANT: If them 21 is marked at them 18 thous any injury, at other traumatic event, the







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o wt	(TYP	E OR PRINT)	100		1	0.04	T 0 1	000	20 DATE OF DE.	ATH MONTH	DAY YEAR	26 HOUR
oge deo		JEO	K.J.L	/	1.	ICK	SKAL		121	07	182	8. dog M
4 /44	3 SE	X . A .		4 RACE		S. DATE C	F BIRTH	YEAR	6. AGE TIN YEARS	LAST BIRTHDAY)	MONTHS DAYS	
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rely 2 sh		ATHER'S NAME					15. MOTHER'S M.	AIDEN NAM	E			
be apple		RUBEN	~	AIDDLE T	PICKERAL		LILLIA	AN	MI	DDLE	BRY	ANT
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ficote be executed within 24 hours bhysicion and completely filled in b papers. Pages 1 and 2 should be fill nowol.	1	YES NO OR UNKNOWN)	I IF YES GIVE	II	579-01	1-4948	DOROTHS	L. P	ICKERAL	SAM	E AS 13	WIFE
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DHMH - 16 50M 1/81	24 FL	INERAL DIRECTOR F	RANCT					25a. DATE			SISTRAR'S SIGNA	TURE
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1D-		FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAI EALTH AND M ICATE OF DE	ENTAL HYGI	IENE 8	Z REG. NO.	3	2 /	3 0
, be eoih		EASED NAME OR PRINT)	FIRST		WIGDIE	Pr	TLER	132	2a. DATE OF	DEATH MON	VIH OA 2 - 18		26 HOUR
ge 4 mo)	3 SEX	Male		4. RACE White		February February	eary of,	1970		ARS LAST BIRTHOA	Y) IF	UNGER I YEAR	IF UNDER 24 HRS HOURS MIN.
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LAND 21  Inn 24 hou y filled in should be er facet be	Mai		Monto	other institution	Silver Sx	oring				poress Forest	Grou	ve Driv	<i>se</i>
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TIMORE be execu		AS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 577-12-74		Larry P			wooding er Spr			and
ol W. PRESTON ST., B that the death certificate by the attending phy lease remove carbonpa iol, cremation, or remov or other traumatic event		RECAUSE OF DEATH PART I. DEATH W.  HIH Granditions, if any, gave rise to imm couse (a), stating underlying cause	which	DUE TO, C	MICHILL	NEOF	ESPINAY AV	NATON	40	MAE 1SEA	NE SE		MATE INTERVAL DNSET AND DEATH
TAL RECORDS, 2 The low requires cion. The hos been signe sit permit. Then p grene prior to bur shows only injury.	0	THE ACCEPTANT OR CONTRIBUTING C.	AUSE OF DEA		M. MONTH DA			SING ALCEN ALCEN	ZBR. AUTOR	YUC	LIF YES, V CERTIFYH YES	WERE FINDIN NG CAUSES	GS USED OF DEATHS NO []
ital OR ATTEND by the hospitol or by the hospitol or stat DIRECTOR: A detoched for use state Dept. of Heal	3W A	CAL PINE NOTIFY MEDIC  (III INJURY OCCURR  WHILE  MORE NOTIFY MEDIC  NOT	this haspit	21e PLACE (AT HOME ST	190	1	d that in (my) (a)	19_13	MEDICAL _	an the date a		nd from the c	18/82
TO HOSPIT, retained by TO FUNER, should be downth the Stole IMPORTAN	23a BII	RIAL, CREMATION, R	PEMENA!	123b. DATE	UBERLE	AME OF C	METERY OR CRI	SILVE	123d LOCAT	ning	1	iny	2090;
BP	Bu	Vilal		12/19/	11982 Kin	o Day	id Mama	rial G	andon CITY C		Churc	h, Vir	iginia.
DHMH - 16 50M 1/81 (VRA 15, 4)	232	VERAL DIRECTOR D	Stree	t. N. U	v. Washir	memo igton,	D. C.	DEC	2319	82	tung	y was	ay

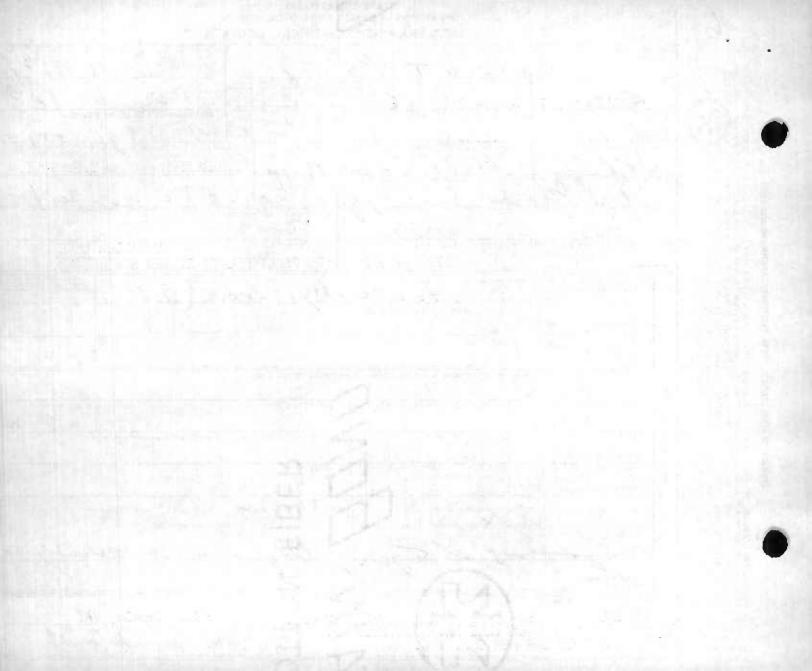
THE RESIDENCE OF THE PARTY OF T The Bird of the Land Land to the Park t

1 - STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH		0 1
I. DECEASED NAME	FIRST MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DAY YEAR 2h	HOUR
(TYPE OR PRINT)	150 5 11	Pofahl	/ /	-00
3 SEX	melia Esther	5. DATE OF BIRTH	12/26/82 3 6 AGE (INYEARS LAST BIRTHDAY)   IF UNDER 1 YEAR IF I	M
Female	0	MONTH DAY YEAR		UNDER 24 HRS.
70. BIRTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF WHAT COUNTRY	05 - 14 09	9. BALTIMORE CITY OR COUNTY OF DEATH	
COUNTRY)	1 . C	MARRIED NEVER MARRIED	Mar / Court of Death	
California 10. CITY OR TOWN OF DEAT	H III. NAME OF HOSPITAL NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 120 KIND OF BL	MD.
86 Rock illa	(IF NOT IN SUCH FACILITY, GIVE STREET	ET ADDRESSI 11 .1	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	
USUAL RESIDENCE (IF NURSIN	GHOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	ventist/tospital	Homemaker ATHO	ne
13a STATE	3b COUNTY 13t. CITY OR TO	WN 13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	+
14 FATHER'S NAME	Montgomery Germa	ntown YES 10 NO 1	18626 Turmeric C	1,
FIRST .	MIDDLE LAST	FIRST *	MIDDLE LAST	
Lawrence	nmn Kennedy	ANII	A MMM DAVIS	
16a WAS DECEASED EVER IN	(IF YES, GIVE WAR OR DATES)	OI-0160 Tolonant	ADDRESS	- 715
NO INCAUSE OF DEATH	NONE 349-	DI SIED JOHNES	N F. ECKAR	T
18 CAUSE OF DEATH PART I. DEATH WA		indicity of	APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
	MMEDIATE CAUSE (a)	ralen Palle	el /weel	r
14920	DUE TO, OPAS/A CONSECT	JENCE PA 1	1 6 11	
Canditians, if any,	which ( (b) Chrone	c Ostweller Par	hurry Craphysian 20	yelde
gave rise to imme cause (a), stating	the DUE TO, OR AS A CONSEQU	JENCE OF		
underlying cause	last.			
PART 2 OTHER SIGNII	FICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	LINAL DISEASE OR CONDITION GIVEN IN PART TO	
19a DATE OF OPERATION 110. ACCIDENT WAS UNDER	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	USED DEATH?
			YES NO YES N	10 🗆
OR CONTRIBUTION COL		DAY YEAR 210 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART ?)	
(IF EITHER NOTIFY MEDICA	OSE OF DEATH	19		
21d INJURY OCCURRE	D 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f LOCATION STREET	CITY OR TOWN COUNTY	STATE
AT WORK AT WORK	TAN HOME, STREET, PACTORY, OFFICE,	, rana, etc.)	- 1.1	
22a I certify that (I) (f	his hospital) attended you decreased fram.	11/ 19/5	, ta	(I) (WE) last
saw the decirused about (IV) (dia	alive an	, and that in (my) (our) apinian	death accurred an the date and haur and fram the caus	es stated
TIL SCHATURE	11//	DEGREE	22c DATE 9 IGN	NED /
7 17/20	Kalleen	M. D. ATTENDING PHYSICIAN F	DIRECTOR PHYSICIAN 12/20	5/82
1 ROBERT OF ANTON OF	AE ( YPE OR PRINT)	22e ADDRESS	LIND O LILLING	10
Tober	-T ( Macon	809 Viers	Mill Kd. Kackaillo MJ	11851
230. BURIAL, CREMATION, RE		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	2000
(SPECIFY)			CITY OR TOWN COUNTY	STATE
Cremation 24 FUNERAL DIRECTOR	112-11-1902	edar Hill Cremato	E REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE	arylan
NAME	ADDRESS	חכו	100 1000 1/2 9 (Alay)	U.K
177 TX7 ("La L	ers Co, 8655 Georg	via Arra Cit Callel	30 1982 John & Coli	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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20M 4/82



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STA	GISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	6 1	0 0
1 DECEAS		FIRST		MIOOLE		LAST	20 DATE OF D	EATH MONTH	DAY YEAR	26 HOUR
(TITE OR PRI	lot)	Beti	ty I	И. Ро	wers	5	Decembe	er 21, 19	82	3:15P
3 SEX		55/17	4 RACE		5. DATE		6 AGE IN YEAR	S LAST BIRTHDAY)	IF UNDER : YEAR	IF UNDER 24 HRS
	Female		Wh-	ite	Т	13 41	4-	L YRS	MONTHS DAYS	HOURS MIN
JIL BIRTHP	LACE ISTATE OR F	OREIGN		WHAT COUNTRY?	R			ECITY OR COUNT	Y OF DEATH	
COUNTR	yland		II.S	S.A.	MARRIE	D NEVER MARRIED	Mont	gomery	- AAC	
	R TOWN OF DEA	ATH				OR OTHER INSTITUTION	12a USUAL OC		126 KIND C	ME OF BUSINESS OR
3	07			H FACILITY, GIVE STREET		1 Hognital	(TYPE OF WORK F	OR MOST OF WORKING LI USEWIFE	IFE) INDUSTRY	
	Olney	SING HOME OF		GIVE RESIDENCE BEFORE		al Hospital	not	rsewile		
13a STATE	yland	Mon	derick	13c CITY OR TOW	ry	136 INSIDE CITY LIMITS?		B Manor	Drive	
14 FATHER	R'S NAME		MIDOLE	LAST 2	1771	15. MOTHER'S MAIDEN NA		MIDOLE	141	CY
	Joseph		lliam	Lewis		Dorothy	El	izabeth	Slid	er
160 WAS D	ECE ASED EVER			166. SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
(YES, NC	No	(IF YES, GIVE	WAR OR DATES)	195-32-	2734	Blaine Po	wers,	Item 1	3	
Congo cou una	nditions, if ony ve rise to imits use (a), statistical derlying couse	, which mediate the lost.	DBY: ECAUSE (0)  DUE TO, O  (b)  DUE TO, O  (c)  196 COND	TION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM CANDIA CANDIA MAS PERFORMED	7 ZOO AUTOP YES [	SY? 705. IF YE	S, WERE FINDING CAUSES	o hors
	ONTRIBUTING		UI I	M. MONTH D	AY YEAR	1				
	INJURY OCCUR	RED HILE	21e PLACE	M. OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	sow the deceas above, (I) (I) SIGNATURE	ed olive on	21 12	ofter death.		nd that in (my) (som opinion DEGREE ATTENDING PHYSICIAN [	Acres de la constante de la co	STAFF	ZZc. DATE	
	Pront	AME (TYPE O	Ton m.O	181111 Olney	, med ?	12ADORISS 220 24832 Galthe	Freder rsburg		1, #207 1011 21	<u>18</u> 77
23a. BURIA (SPECIF)	L, CREMATION, Burial	REMOVAL	Dec.24		Davi	s Memorial	CITY OR T		COUNTY Mary	rland

DHMH - 16 60M 1/75 (VRA 15 (4))

MPORTANT: If Hem 2

24 FUNERAL DIRECTOR "Olin L. Molesworth, P.A., Damascus, Md. 256. DATE REC'D. BY REGISTRAR 25 SEGISTRAR'S SIGNATURE

DEC 2 7 1982

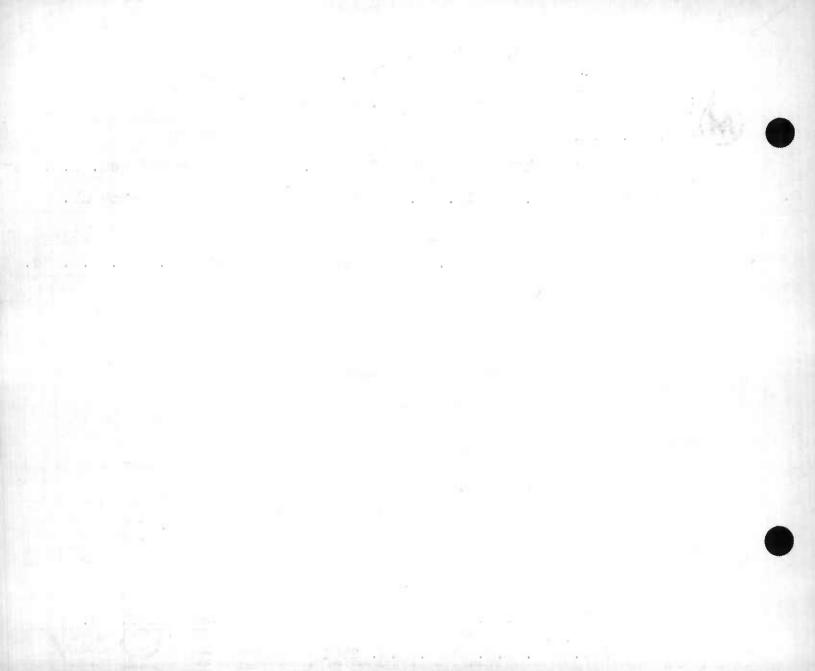
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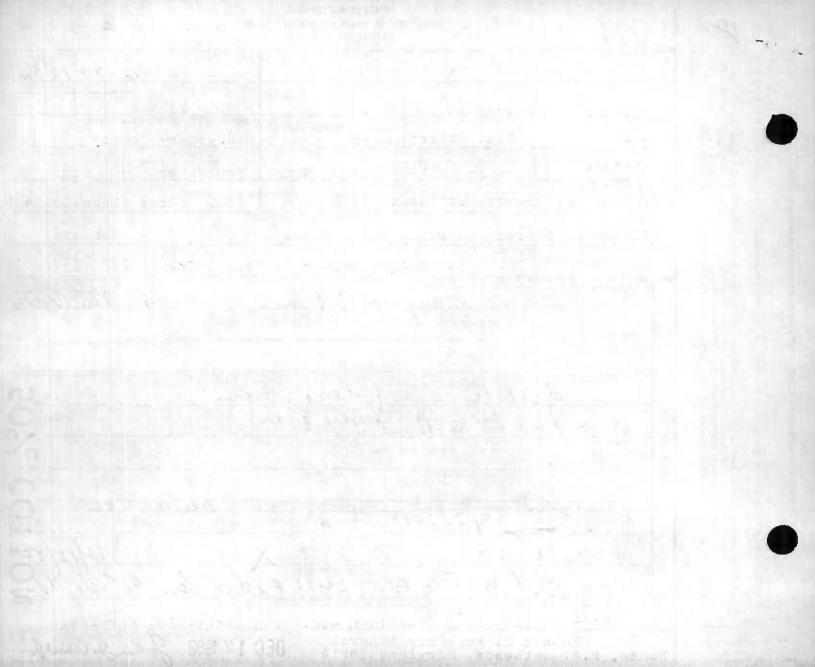
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DIVISION OF VITAL RECORDS,

MARKET TO A STATE OF THE STATE 

				STATE OF MARYLAND	0 0	70171
	1.	FOR STATE REGISTRAR	DEPA	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 💍 🚄	3 4 1 3 1
, m=		CEASED NAME FIRST	MIDDLE	O LAST		ONTH DAY YEAR 26. HOUR
4 may be tor, page after death	3. SE	' Church	4. RACE	1. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTH	
oge 4 irector ours of		ale	Caucasian	June 23 1901	81	YRS.
A Source		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR	COUNTY OF DEATH
A the state of the		TY OR TOWN OF DEATH	IN NOT IN SUCH FACILITY GIVES	RSING HOME OR OTHER INSTITUTION TREET ADDRESS)	12a. USUAL OCCUPATIO	WORKINGUFE) 126. KIND OF BUSINESS OR
be to	USU.	AL RESIDENCE (INJURSING HOMEOR TATE 113b. COUN	OTHER INSTITUTION CINE RESIDENCE B	SEFORE ADMISSION)	Foreman	U.S. POST OF
in 24 h	Ma	ruland Mont	gomery Silver	Spring YES NO [	1223 Arco	rla Avenue 20902
mpletel ond 2 s	14. FA		MIDDLE LAST	- 100	WIDDLE	LAST
5 9				SECURITY NO. 17. INFORMANT	M.O. ADDRES	Haas s
0 9 e A		(15 Yes (15 45 92	2-1929 216-44	1-9511 Frances J. F	Pugh Wife	Same as 13
ificate physici paper naval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	DBY. CA.	ond text		BETWEEN ONSET AND DEATH
ding to cert		4292 IMMEDIAT	DUE TO, OR AS A ONSI	EQUENCE OF A	0	20 14110
otten nove c otion, rroum		Canditians, if any, which gave rise to immediate	( b) 000 e	usclerovic	cardio	asulds
by the size ren		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF	Leseast	1 10
riol ro	7	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	rminal disease or cond	
been sign been sign mit. Then prior to bu	ATION	19a DATE OF OPERATION	19h CONDITION FOR WI	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
S o o o o	CERTIFICATION			new or Environment and Paris of Miles	YES NO W	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
AN: The		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR 21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR BART 2)
	d	LIF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
iySiCIAI ding ph is certifi burial-tr Mental	DIC/	21d. INJURY OCCURRED	21e. PLACE OF INJURY			
G PHY offendi fer this s the bu	MEDICAL		21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	21f LOCATION	CITY OR TOW	N COUNTY STATE
G PHY offendi fer this s the bu	MEDIC	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK  22e.1 certify that (1) (1)	(AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.)  211 LOCATION STREET  DOM:	7210 29 V	lee 19 80 that (I) (we) has
ATTENDING PHY asptral or othered or other this ECTOR. After this d for use as the but, of Health and M m 21 is marked or	MEDICA	21d, INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	om	72 to 29 on death accurred on the dat	that (1) (we) tast e and haur and from the causes stated
ALOR ATTENDING PHY the haspital or attends ALDIRECTOR. After this adsoched for use as the bu te Dept. of Health and M IT. If them 21 is marked or	MEDIC	21d. INJURY OCCURRED  WHILE NOT WHILE 1 AT WORK AT WORK  22a.1 certify that (1) (1) saw the deceased alive an above, (1) (1) (1) (1) (1)	(AT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.)  211 LOCATION STREET  19  212 and that in (my) (companie)	72 to 29 on death accurred on the dat	that (1) (we) tost e and haur and from the causes stated
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ITAL OR ATTENDING PHY by the haspitol or ottend ERAL DIRECTOR: After this e detoched for use as the bu State Dept. of Health and M		21d. INJURY OCCURRED  WHILE NOT WHILE 220.1 certify that (1) (1) was saw the deceased alive an abave. (1) (2) (did no 22b. SIGNATURE  72d. PHYSICIAN'S NAME (TYPE O	attended the deceosed from the body ofter death.  OR PRINT)  GOOD	PICE, FARM, ETC.)  211 LOCATION STREET  19	MEDICAL STAFF	that (1) (we) has the and hour and from the causes stated  27c. DATE SIGNED  30 Pec 8 2
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1	- STATE REGISTRAR			DEFAR	CERTIF	ICATE OF DEATH	REG. N		Can 1	0 0
	ECEASED NAME	FIRST		MIDDLE		AST		MONTH DA	AY YEAR	2b. HOUR
(TYP	PE OR PRINT)	BABY	7	воч	RAMII	)F7	DEC 24	1982		5:54a
3.56	Х	עאט	4. RACE	DOI	5. DATE C		DEC. 24	THDAY)	FUNDER I YEAR	IF UNDER 24 HR
	MALE		HIS	PANIC	DE				DNTHS DAYS	HOURS MIN
o. B	IRTHPLACE   STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	/2 1	- 11000	9. BALTIMORE CITY O	R COUNTY C	OF DEATH	
	MARYLA	VID.	II	2		D NEVER MARRIED A	MONTEC	-		
0.0	ITY OR TOWN OF D		U.		WIDOWE	OR OTHER INSTITUTION	MONTGO		12b. KIND O	F BUSINESS C
	TAKOMA I	DADIZ		CH FACILITY, GIVE STRE		DTCM HOODMIAT	(TYPE OF WORK FOR MOST C	F WORKING LIFE)	INDUSTRY	- 7 7-
ersu	IAL RESIDENCE (IF N					TIST HOSPTIAL	N/A		I N/	
130.	STATE	136. COUN		13c. CITY OR TO	WN	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			2901
14 E	MD ATHER'S NAME	MC	ONT.	S.S.		YES X NO	932 WAY	NE AVEN	NUE #10	)]
14.1	FIRST		MIDDLE	LAST		FIRST	WIDDLE		LAS	T
	JOSE	DELC		IERNANDE:		ZORAIDA			CRUZ	
	WAS DECEASED EVI		E WAR OR DATES	16b. SOCIAL SEC	LURITY NO.	17. INFORMANT	ADDRE	33		
_	NO	1	I/A	N/A		MOTHER'S MI	EDICAL CHART	,		
	18 CAUSE OF DEA	ATH (Enter on	ly one couse pe	r line for (a), (b), o	and (c).)		1		BETWEEN C	MATE INTERVAL
	PARTIC DEATH		E CAUSE (o)	EXTY	eme	immature	ty.			
	7/5	0	DUE TO C	R AS A CONSEQ	LIENCE OF					
	Canditions, if a	ny, which	(b)		De	wong ento	il abrio	modi	tes	
	gove rise to i	mmediate	3	216 1 60 1610						
	underlying cou			R AS A CONSEQ	UENCE OF					
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Z	TAKE E. OTTER OF	OTT ICALLY	.0110110110	O. VINIDOTINO TO	J DEATH BOT	NOT RELATED TO THE TERM	WAL DISEASE ON CON	DITION GIVE	IA HALWEL SIG	
CERTIFICATION	19a DATE OF OPER	RATION	196 CONE	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES.	WERE FINDIN	IGS USED
FIC	N/			N/A			VES THE NOT		ING CAUSES	OF DEATH?
ERT	21a, ACCIDENT WAS E	INDERLYING T	1 21b. TIME (	OF INJURY	_	21c. HOW INJURY OCCUR	YES NO	YES	**	ио П
	OR CONTRIBUTING		Inches a	.M. MONTH			AED TENIER ANTORE OF INJU	II IM IIEM ID PAN	(I (OKPAKI 2)	
Ş	(IF EITHER, NOTIFY MI			.m. N/A	A 19	N/A				
MEDICAL	214 INJURY OCCU			OF INJURY	E. FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	41.000		1	I/A		N/A				
	22a.t certify that saw the dece	(I) (this haspi	nal) attended to	he deceased from	Pecer	nber 24 1982	- to December	24 19	04	that (I) (we) la
	00046, (1) (WE	osed olive on ) (did) (did na	t) view the bad	ofter death.	02, at	nd that in (my) (aur) apinion	deoth occurred an the de	ite and hour o	and fram the	couses stated
	22b, SIGNATURE	1/		-6		DEGREE			22c. DATE	SIGNED
	XV.S	VM	Loug	acem	( · )	ATTENDING PHYSICIAN	MEDICAL STAI			
	224. PHYSICIAN'S	NAME (TYPE O	R PRINT)			22e ADDRESS				
	V.S. VI	VAYAKON	1: 7600	CARROLL.	AVENIII	TAKOMA PARK	MARYLAND	20912		
230.	BURIAL, CREMATIO		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION			
	CREMATIO	IN	Mary San I	1	JACHTNO	GTON ADVENTIST	T HOSPITAL T	akoma	Dark . N	iont .: M
24. F	UNERAL DIRECTOR				MADITING	25g. DA1	TE REC'D. BY REGISTRAR	258. REGISTR.	AR'S SIGNAT	URE
	NAME	0 1 1	a manual	ADDRESS	201	IAI	N 1 2 1083	In C.	9 64	/

DHMH - 16 50M 4/82 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been in should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar in MPORTANT: If Nem 21 is marked ar Nem 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The la

etoined by the hospitol or

BP.

HERBERT Z. SHIROMA

7600 CARROLL

INDUSTRY Child Care 8201 Thoreau Dr. 20817 Hernandes Elina Dominguez, Friend, Same as item #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1ears 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE 1982 ond that in (our) opinion death accurred on the date and hour and fram the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL PHYSICIAN Dec. 6. 1982 5530 Wisconsin Avenue, #805 Chevy Chase, Maryland 20815 Potomac, Maryland St. Gabriel's Cemetery Buria1 Robert A. Pumphrey Funeral Homes 1250 DATE REC D. BY REGIS 24. FUNERAL DIRECTOR Bethesda, Maryland (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2h HOUR

5:40P

12h KIND OF BUSINESS OF

20. DATE OF DEATH MONTH

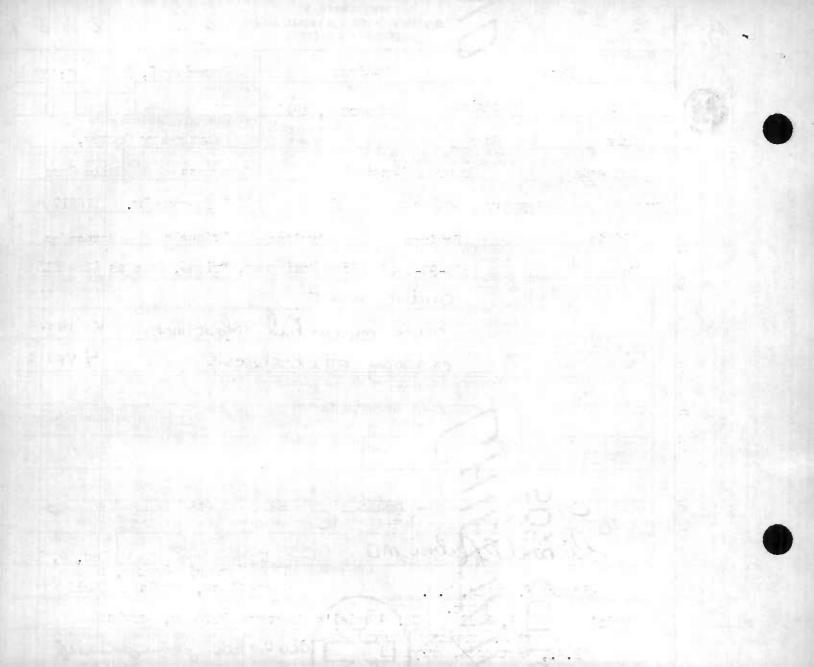
DHMH - 16 50M 4/82

- STATE

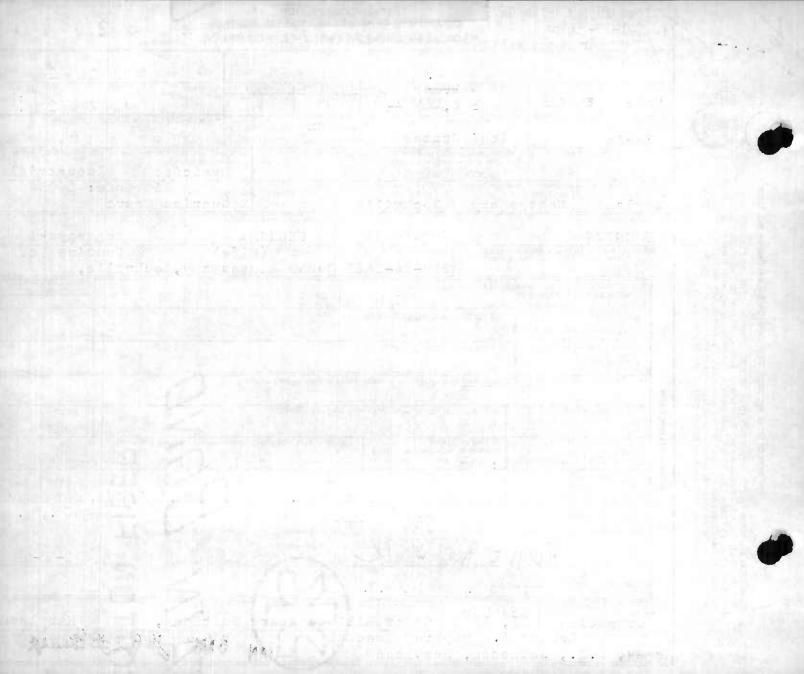
REGISTRAR

FIRST

L DECEASED NAME



tem #5 & 6 Film G575 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE I. DECEASED NAME O DATE KNOWN X TTYPE OR PRINT) Srinivasa R. Rangaswamy DEATH MATED S. DATE OF BIRTH 1-9-34 6. AGE IN YEARS IF UNDER 1 YR. 24 HOUR 9:19 a. M 3. SEX DATE LAST BIRELONY) MONTHS PRONOUNCED Male Endian August 4. DEAD 48 YRS 29 1882 TO RIPTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRYS 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X X NEVER MARRIED FOREIGN COUNTRY United States Montgomery County. India WIDOWED [ DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Physicist Industrial Suburban Hospital Bethesda USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Zip Code: 20854 136. COUNTY Rockville NO 1 2 Sunrise Court Montgomery Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST UNKNOWN UNKNOWN Ranganayaki Srinivasa 160. WAS DECEASED EVER IN U.S. ARMED FORCES? IAN SOCIAL SECURITY NO. 17 INFORMANT (Wife) ADDRES2 Sunrise Ct. TYES, NO. OR UNKNOWNS (IF YES GIVE WAR OR DATES) Radha Rangaswamy, Rockville, MD 219-64-2669 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) SETWEEN ONSET AND DEATH Multiple Injuries IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, il any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OBATH RUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 9 YES IX E 3 SHOULD BE L 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR 29 1982 Idriver of auto in collision with dump truck CONTRIBUTING CAUSE OF DEATH 8 . 40 KM. 12 THE PLACE OF INJURY CATHOME. TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDEE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE OF BALJIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK Falls Rd. & Kersey Lane, Rockville, Montgomery AT WORK road Autopsy X. and in my apinian Co. Md. 22a. I certily that I took charge of the remains described above, held an Inspection Hamicide Undetermined manner death resulted Iram: ACTUAL Assistant 12-30-82 SIGNATURE EXAMINER'S NAME III Penn Street Margarita A. Korell, M.D. 730 BURIAL CREMATION, REMOVAL 23b DATE December Cremation 31, 1982 23d LOCATION Maryland Cedar Hill Cemetery Suitland, 14 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH** - 17 Homes, P.A., Bethesda, Maryland (VR A15 ME (5)) 20M 4/82



FOR

- STATE

(VRA 15, 4)

STATE OF MARYLAND

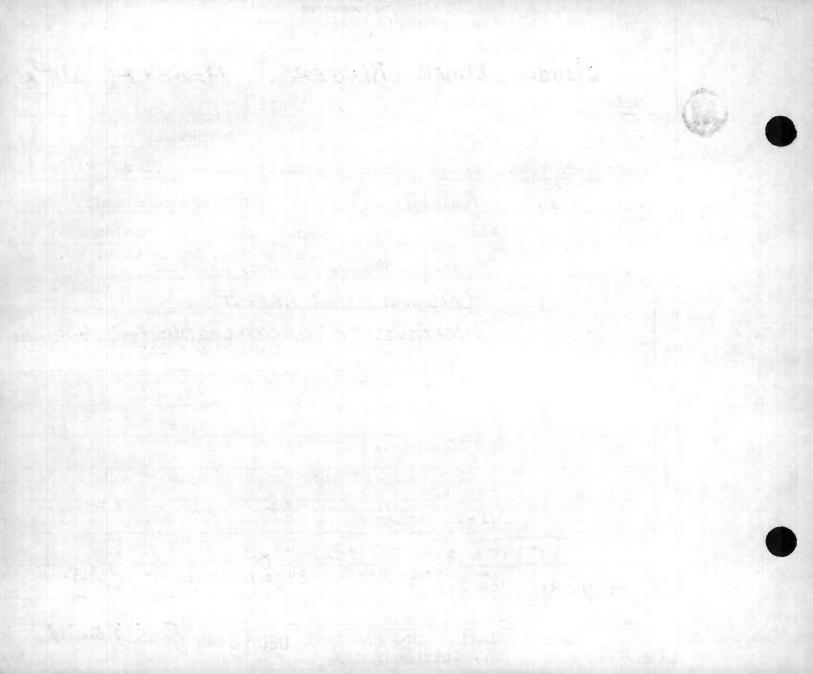
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Latin Sept. 20, 1907 So. Aurica Columbia xx sidmila confequery rakona Park WashingtonAdventisticspital Clargy - 2.0.A. Paryland Prin. Geo's Hystmyille x 2218 Charleston Place rians -Loids (Sercia(Daughter)

Cruentian, 12/20/1982 Pt.lincolnCremat'v lrentwood, P.C., PM.

A H	1	#5,6,16,8 FOR STATE REGISTRAR	8,Fi ln(	G5915/		ARTMENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	NTAL HYGIEN	E 8 2	NO.	2/42
4 may be ir. page 3 ifter death			4nt	I RACE Wh	MIDDLE T	S. DATE C	SCh F BIRTH 94		GE (IN YEARS LAST I	c 26	V YEAR 26 HOUR 2 1982 2 MM UNDER 1 YEAR IF UNDER 24 MRS NITHS DATS HOURS MIN.
death Poge		IRTHPLACE (STATE OF IT	is	U.S.	WHAT COUN	MARRIE	NEVER MAR	RCED	Montgom	OR COUNTY C	ounty MD.
ours offer in by the be patified	USU	ilver Spri	ng	111. NAMÉ OF HOSPITAL, NURSING HOME OR (# NOI IN SUCH FACILITY, OIVE STREET ADDRESS)  HOLY Cross Hospital  R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)					CCUPATION OR MOST OF WORKING LIFE)  126. KIND OF BUS INDUSTRY  Ted		
ithin 24 h tely filled 2 should b	13a.	aryland  ATHER'S NAME	Monte	somery	Silve	r Spring	15. MOTHER'S M.	AIDEN NAME	1712 Alb	erti Dr	
BALTIMORE, MAR cate be executed w ysicion and cample apers. Pages 1 and wol.  11, the medical exam	160.	rank  WAS DECEASED EVER  YES NO OR UNKNOWN)  Tes	IN U.S. ARM		Rausi 16b. SOCIAL 318-10	SECURITY NO.	Mar 17. INFORMANT Gloria		ADD		UNKNOWN Gunston Rd. ia, VA. 22302
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALING PHYSICIAN: The low requires that the death certificate is attending physician. It also seen signed by the attending physician as the burial-transit permit. Then please remove carbonappent than Amental Hygiene prior to burial, cremation, ar removal, orked ar Item 18 shows any injury, or other traumatic event, the	CERTIFICATION	18. CAUSE OF DEAT PART I. DEATH W  Conditions, if any, gove rise to imm couse (o), storin underlying couse  PART 2 OTHER SIGN 19a DATE OF OPERA  21a. ACCIDENT WAS UND	which mediate g the lost.	DUE TO, CO    DUE TO, CO    DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO   Co   DUE TO, CO	OR AS A CONS ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING ONTRIBUTING	EQUENCE OF A CONTROL OF A CONTR	N WAS PERFORM	PART OYILL OTHE TERMINA DASC	PAIL  TAIL  4 TIDY  1 DISEASE OR CO  WITH SERVICE OF INC.  (ENTER NATURE OF INC.)	20b. IF YES, IN CERTIFYI YES	WERE FINDINGS USED NG CAUSES OF DEATH?
HOSPITAL OR ATTENDInned by the hospital or FUNERAL DIRECTOR: A build be detached for use the Store Dept. of Heal over ATTENDINE If them 21 is many than the Store Dept.	MEDICAL	OR CONTRIBUTING   ( (IF EITHER NOTIFY MEDIC 21d INJURY OCCURI WHILE NOT WAT WOR AT WO  220.1 certify that (1) sow the decease obave, (1) (we) (6) 22b. AIGNATURE  22d. PHYSICIAN'S NA	CAL EXAMINER) RED  HILE  (Mrs. heapth ed olive on _ did) (dd  AME (TYPE OR	PRINT	OF INJURY REET, FACTORY, OF	11987, or	DEGREE	ENDING NOT SICIAN AD		dote and hour of	COUNTY STATE  S. that (I) (methos) and from the causes stated  22c. DATE SIGNED  12 -26-82  RO46  2007
BP		BURIAL, CREMATION, (SPECIFY) Remova	REMOVAL 1	12-26	-82	Geo. Wa	sh. Med.	School			on, D.G. STATE
DHMH - 16 50M 4/82 (VRA 15, 4)		olumbia	Mortu	ary Ser	rvioes	225 Mi Washin	ssouri A	DE DE	2 9 198	AR 256 REGISTR	AR'S STEN CHALLE

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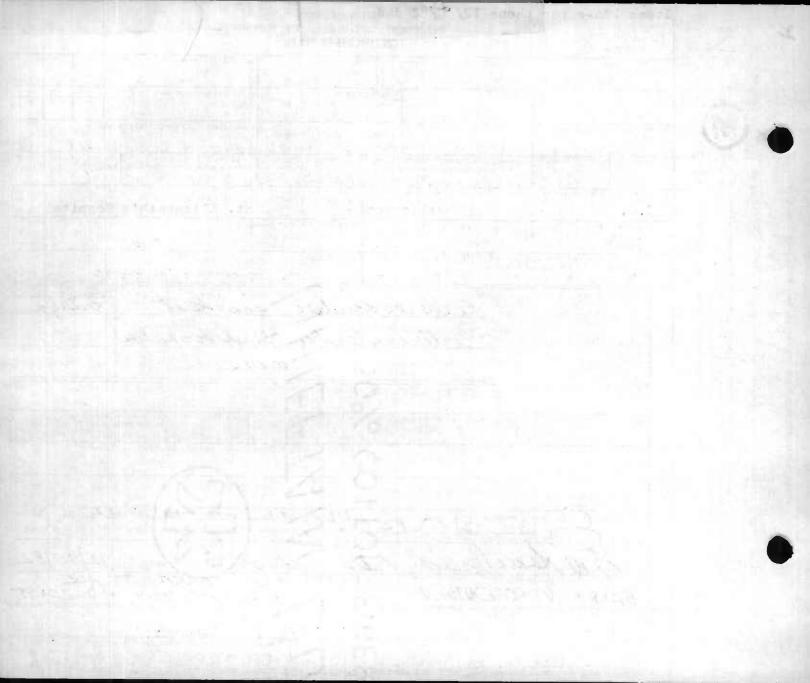
(VRA 15, 4)

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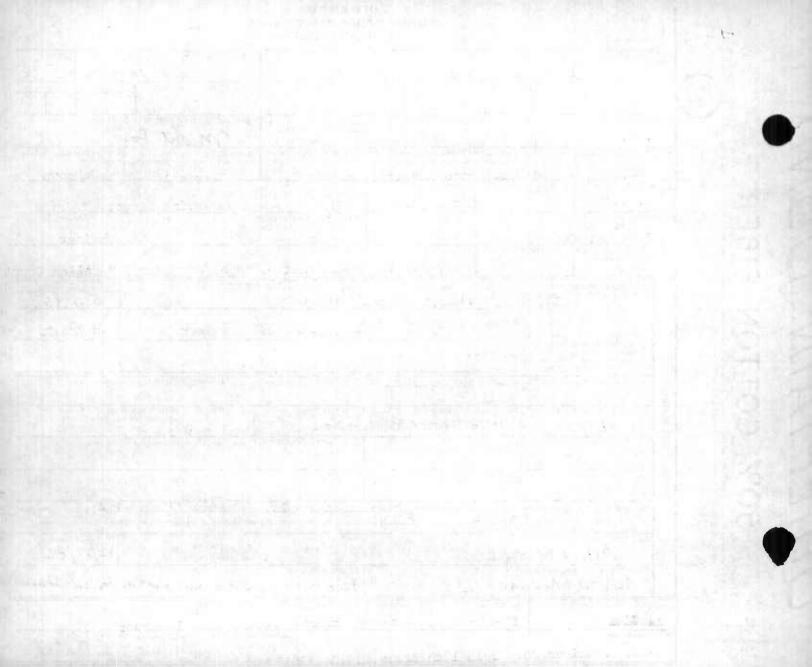
10		FOR			STATE OF MA		0 17	1-7	0	9 2 100
16	1.	STATE REGISTRAR			CERTIFICATE	ND MENTAL HYG DF DEATH	REG. NO	ن	2 1	4 5
e e e e e e e e e e e e e e e e e e e		CEASED NAME FIRST HARRY	MCKENZII	Ξ	ROPER		20 DATE OF DEATH DE	MONTH DAY	YEAR 82	26 HOUR 1953 Р м
4 moy	3. SE	MALE	4 RACE CAUCASIAN	5		AY 1901	6 AGE (IN YEARS LAST BIRTI	MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.
P. Pos	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT	COUNTRY? 8	MARRIED   NE		9 BALTIMORE CITY OF	COUNTY OF	DEATH	<u> </u>
ter death		SH. D.C. TY OR TOWN OF DEATH	U.S.A.  11. NAME OF HOSPIT  (IF NOT IN SUCH FACILITY	AL, NURSING		DIVORCED	MONTGOMERY  12a. USUAL OCCUPATIO  (TYPE OF WORK FOR MOST OF		12b. KIND O	MD.
hours of Lin by the be filed	USU	AL RESIDENCE (IF NURSING HOME OR	NHBETHESDA OTHER INSTITUTION, GIVE RES	MD.,	20814		U.S. ARMY		GOVI	
rithin 24 h	M	D. 20817 MONTO		IHESDA	YES X	DE CITY LIMITS? NO  HER'S MAIDEN NA	130. STREET ADDRESS 8905 SEVEN	LOCKS F	RD.	
> = 0 /2//		DANIËL CALF		PER		LOÜ	nmn		KENZI	E
be executed an and camp s. Pages 1 an	16a. V	VAS DECEASED EVER IN U.S. AR VEYES UNKNOWN) (16 YES, GIV 1923	E WAR OR DATES)	52 537		y McKENZI		7802 Ca	NI ITA	22070
physicis inpaper impaper impaper ivent, thi		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE IMMEDIA)	D BY: DOS			CARDIAL I	NFARCT		BETWEEN C	MATE INTERVAL DISET AND DEATH
tending te carba on, ar re umatic e	1	4100 Conditions, if ony, which	DUE TO, OR AS A	CONSEQUEN	CE OF					
by the at		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUEN	CE OF					
equires the signed to Then plea	N	PART 2 OTHER SIGNIFICANT (	(c)	UTING TO DE	ATH BUT NOT REL	ATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 110	
an. hos beer hos beer no permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION F	FOR WHICH O	PERATION WAS P	ERFORMED	200 AUTOPSY?  YES ▼ NO□	20b. IF YES, W IN CERTIFYIN YES X	G CAUSES	IGS USED OF DEATH?
PHYSICIAN. T ending physici this certificate te burial-transiti ad Mental Hygi d or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. M		YEAR	W INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)	
G PHYSIC offending er this cer the burions is the burion of and Mentile when the confidence is the confidence of the con	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJ		21f. LO	ATION	CITY OR TOW	/N	COUNTY	STATE
ATTENDIN ispital ar o CTOR: Aft Afor use as 1. of Health		22a.l certify that (I) (this haspi saw the deceased alive on	DECEMBER	19 19 8	FCFMBER 2 , and that in	19 1982 (my) (our) opinion	, toDECEMBI			that (I) (we) last
OR DIRE		obove, (I) (we) (did) (did no	t) view the body after d	eoth.	DEGREE	ATTENDING	MEDICAL STAF		22c DATE	SIGNED C 1982
TO HOSPITAL retained by the TO FUNERAL should be det with the State		220. PHYSICIAN'S NAME (TYPE C				DRESS NAVAL	HOSPITAL,	VAVAL M	EDICA	L COMMANI
TO HOSS retained TO FUN should b with the	23a E	K. TURK, LCDR, BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	T23h DATE	23c NA	ME OF CEMETERY	OR CREMATORY	23d LOCATION			
BP		INERAL DIRECTOR JOSET				tional Ce		gton		
DHMH - 16 50M 4/82 (VRA 15, 4)		5130 Wisc. A				0	EC 2 7 1982	S REGISTRAL	. L. Co	thick

Sarial 12/25/82 rlin ton Lotton 1 con inin ton in inin Joseph Gwler's Jons Inc. of the wind, were to the same, being

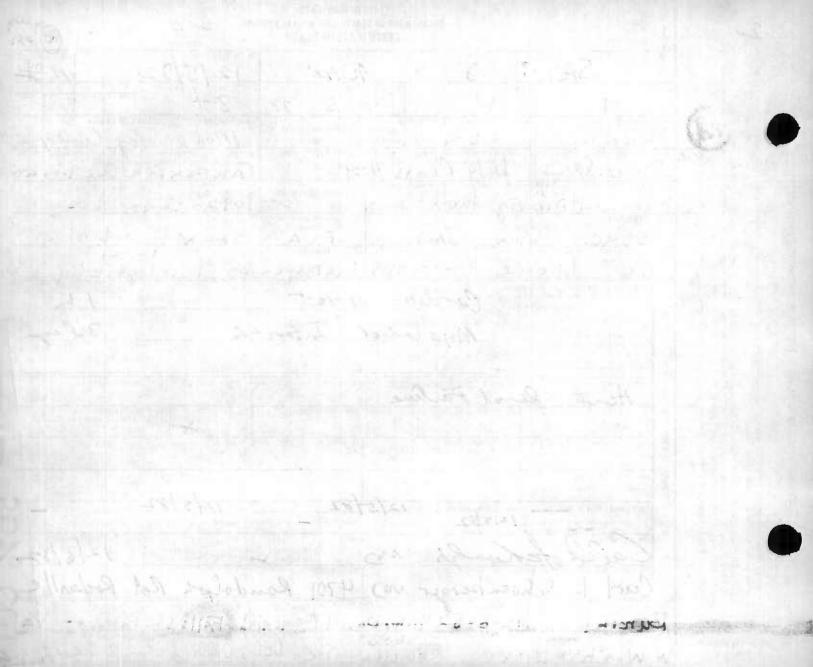
2 3		FOR STATE REGISTRAR		PARTMENT OF H	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	32/	4 6
may be page 3 death		CEASED NAME FIRST	HINE 1. RACE	ROCE S DATE C		2s. DATE OF DEATH	MONTH DAY YEAR  J - 20 - 8 2  HDAY) IF UNDER 1 YEAR	2b. HOUR  12 45 FM  IF UNDER 24 HRS  HOURS MIN.
	de	FEMALE IRTHPLACE (STATE OF FOREIGN OUNTRY)  NOCO	BLACK 76 CITIZEN OF WHAT COU USA	NTRY? B MARRIED WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF	RCOUNTY OF DEATH	MD.
hours after a be filed with	USU	ITY OR TOWN OF DEATH  I LUER SPRIN  AL RESIDENCE (FINITESING HOME	11. NAME OF HOSPITAL, NEW HOLLTY, GIVE NOT IN SUCH FACILITY, GIVE AND AND AND TOROTHER INSTITUTION, GIVE RESIDENCE	E STREET ADDRESS)  OR HEA  LE BEFORE ADMISSION)	LTH CARE CAN	126 USUAL OCCUPATK (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	BUSINESS OR
RYLAND 2 within 24 h letely filled d 2 should b		STATE D.C.  ATHER'S NAME FIRST	MIDDLE LA	shington	13d. INSIDE CITY LIMITS? YES NO 1		ceth's Hospi	
e executed w	160	Henry  WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN)  I IF YES, (	GIVE WAR OR DATES)	L SECURITY NO.	Millie 17. INFORMANT  Mrs. Do	ADDRE Drothy Bush/	sister,1505	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours attending physician and completely filled in bos the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be in the and Mental Hygiene prior to burial, cremation, or removal.  The property of the please remove corbon papers of the property of the		PART I. DEATH WAS CAU	DUE TO, OR AS A CON	brown of broke	brotie ce	receles. erdeovar	7 5d	MATE INTERVAL  NOSET AND DEATH  COLUMN
L RECORDS, 301 e low requires then. nn. permit. Then plee nne print to burial was ony injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICAN	196. CONDITION FOR	2.51(4)		200 AUTOPSY?	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES	IGS USED
DIVISION OF VITAL R ING PHYSICIAN: The It r attending physicion. After this certificate has os the burnol-transit pe so the burnol-transit pe ith and Mental Hygiene orked or hem 18 shows	MEDICAL CERT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (HE ETHER, NOTHY MEDICAL EXAMINATION OF CURRED WHILE NOT WHILE AT WORK	DEATH HOUR A.M. MON	19	216. HOW INJURY OCCUR	RED TENTER NATURE OF INJUI		STATE
DR ATTENDING he hospital or of the policy of the control of the co		220.1 certify that (I) this ho	ospital) attended the deceased on analysiew the body other death	. 19, D	nd that in (my) (our) ppinion DEGREE ATTENDING	MEDICAL STA	22c. DATE	
TO HOSPITAL retoined by the TO FUNERAL should be det with the State with the State MAPORTANT:		BARRY N	. POSENBAU	IN NUMBER	22e. ADDRESS 372	DIRECTOR PHYSIC	AGUT AUX	5. 20895
BP		BURIAL, CREMATION, REMOVE SPECIFICATION PROPERTY OF THE SECTION PROPERTY OF THE SECTION SECTIO	12-27-82	Harm	ony Memorial	Landov	COUNTY 256 REGISTRAR'S SIGNATI	STATE Md URE
(VR A 15 (4) ) 9/74		John T. Rhin	es Co.,3015 12	th St. N	E. D.C. 2001	EC 2 8 1982	John J. Co	welf



1.1		500		STATE OF MARTLAN	1 6 to 1	20181
4	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND ME CERTIFICATE OF DE		0
to to		CEASED NAME SIRST	ne Diane	Royal	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR 53.
(M)	3. SE	× Female	4. RACE	S. DATE OF IRTH	6. AGE (IN YEARS LAST BI	MONTHS DAYS HOURS MIN.
1	70. B	RTHPLACE (STATE OR FOREIGN	Black 75 CITIZEN OF WHAT COUNTRY	Feb 5	1933 49	YRS. DR COUNTY OF DEATH
1	I	COUNTRY)	USA	MARRIEDXX NEVER MA	DRCED   M O	nt Co. MO
/ Ciffied	10. C	Md.	11. NAME OF HOSPITAL, NURSII	T ADDRESS)	(TYPE OF WORK FOR MOST O	OF WORKING LIFE) INDUSTRY
A le	มรบ 13๓.	AL RESIDENCE (IF NURSING HOME OF	INTY 13c. CITY OR TOV	READMISSION) VN 13d INSIDECITY	LIMITS? 13e STREET ADDRESS	
E_		D. C.	Washingt		□   1802 Irvi	ng Street, N.W.
MA	114. F/	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S A		IAST
3/1/		John Nichols		Р	eggy	Misenheimer
2	160 \	VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECTIVE WAR OR DATEST	URITY NO. 17, INFORMAN	ADDR	ESS
0		NO OR UNKNOWN) (IF YES, G	577-44	-9428 Ms. Jan	net D. Royal/dau	ghter/709 Kaplan Cour
		18 CAUSE OF DEATH (Enter of	only one couse per line for (o), (b), or ED BY:		Landover, Md.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (0) A CUTE	RENAL FAILUI	SE .	5 DAYS
		1747	DUE TO, OR AS A CONSEOU	ENCE OF -		
		Conditions, if ony, which	(b)	CARCINO	MA OF BREAST	3 YEARS
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OTIL	90	underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
ury, or	z	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
lu duo	ATIO	19a DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORA	AED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
4	CERTIFICATION	11/28/82	Committee of the Commit	BSTZUCTION	YES TO NOT	IN CERTIFYING CAUSES OF DEATH?
8 G		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A.M. MONTH D	AY YEAR	RY OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATION		
	₹	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) STREET	CITY OR TO	OWN COUNTY STATE
			pital attended the deceased from	Nov 32 and that in (my) (or	19 79 to DEC I	1982, that (I) (we) lost ote and hour and from the causes stated
1		obove, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body ofter death.	DEGREE	or, aprilled desired on the d	22c. DATE SIGNED
		Alfred N	Morgan	ATT	ENDING MEDICAL STA	FF _ 12/17/92
MPORTANT		224 PHYSICIAN'S NAME (TYPE		22e. ADDRESS		
		ALFRED MO	RGAN	4200 W	iscousin AVE NW	WASHINGTON 20016
	23a. E	URIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CRE	EMATORY 23d. LOCATION	COUNTY STATE
	1	Burial	12-21-82	Harmony Memori	1 - 1 m -	andover Md
		JNERAL DIRECTOR	ADDRESS		250. DATE REC'D. BY REGISTRAR	
		John T. Rhines	Co., 3015 12th S	t NEDG o	DEC 2 7 1982	John & Court
			A A A A A A A A A A A A A A A A A A A		111/2-0-100-	

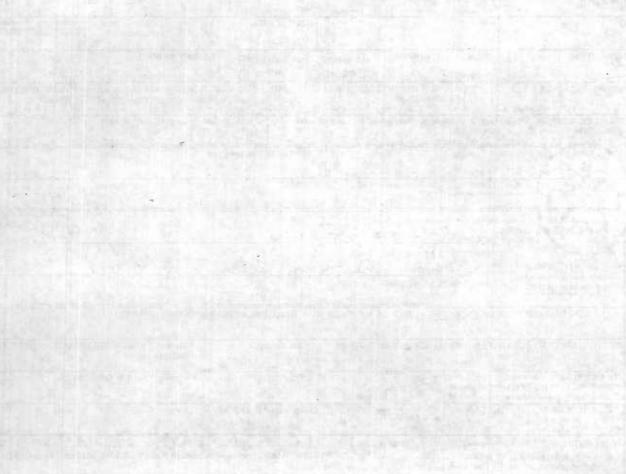


2	FOR STATE REGISTRAR		NT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE 8 2	3 2 PM
3 74	1. DECEASED NAME FIRST (TYPE OR PRINT)	OB T	SACHS	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR 1
pe 4 may	1. SEX		S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	MUMIPLACE (STATE OR FOREIGN	U.S.A	MARRIED NEVER MARRIED W	9. BALTIMORE CITY OF	OMERY County MD.
of the for	Silver Spri	11. NAME OF HOSPITAL NURSING (IF NOT IN SUCH FACILITY DIVE STREET AD	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFE INDUSTRY
24 hours	130 STATE 136 C	OUNTY 13c CITY OR TOWN	136 INSIDE CITY LIMITS?	130 STREET ADDRESS	BNN AVE
mplusery and 2 sh	14 FATHER'S NAME FIRST SSAC	MIDDLE SACKS	15. MOTHER'S MAIDEN NAM	MIDDLE	Scheiv
IMORE,		S. GIVE WAR OR DATES)	20.50 1 104.	SON Mic	Idlerate Rd. S.S
T., BALT inficite to proposed event, the	PART I. DEATH WAS CA	er anly ane cause per line for (a), (b), and IUSED BY: DIATE CAUSE (a) ardia			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
death ce death ce ove corbo frien, or n	4100 Canditians, if any, whice		diel Infarce	ri	3 days
that the ease rem of cremo	gove rise to immediate couse (a), stating the underlying couse las	DUE TO, OR AS A CONSEQUEN			
ORDS, 20 en signe Then pl or to burn		Reval Farling	e		TOOL IF YES, WERE FINDINGS USED
All RECC	Heuth 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196. CONDITION FOR WHICH C		200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?  YES NO NO
DIVISION OF VITAL RECORDS.  ING PHYSICIAN The law require of the object of the burief transit permit. Then the old Mental Hygiese grief to be orked or from 18 shows any injury or wed or from 18 shows any injury.	OR CONTRIBUTING CAUSE C	OF DEATH HOUR A.M. MONTH DAY MINER) P.M.	19	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2}
NG PHY othership her than the old M arked or	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, FAF	RM, ETC.)	CITY OR TO	157
ATTENDI ADTEND	sow the deceased aliv	e on 12 19 19 deceased from 19 deceased		eath accurred an the do	te and hour and from the causes stated
TAL OR AN THE NO RAL DIRE detacher rate Dept.	Cald	feduals.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN   22/6/82
TO HOSPITAL retained by TO FUNERAL should be de- with the Star	PHYSICIAN'S NAME T	Schoen berger	470 Ra	ndolph	Rd Rodeville
BP	Bunial, CREMATION, REMO	12-8-82 Ki	MQ DAVIC Memor		Ch. Fairfax VA
DHMH - 16 50M 4/B2 (VRA 15, 4)	W. W. Cham	Bens Co Geo	DF DF	C 1 0 1982	John J. Count

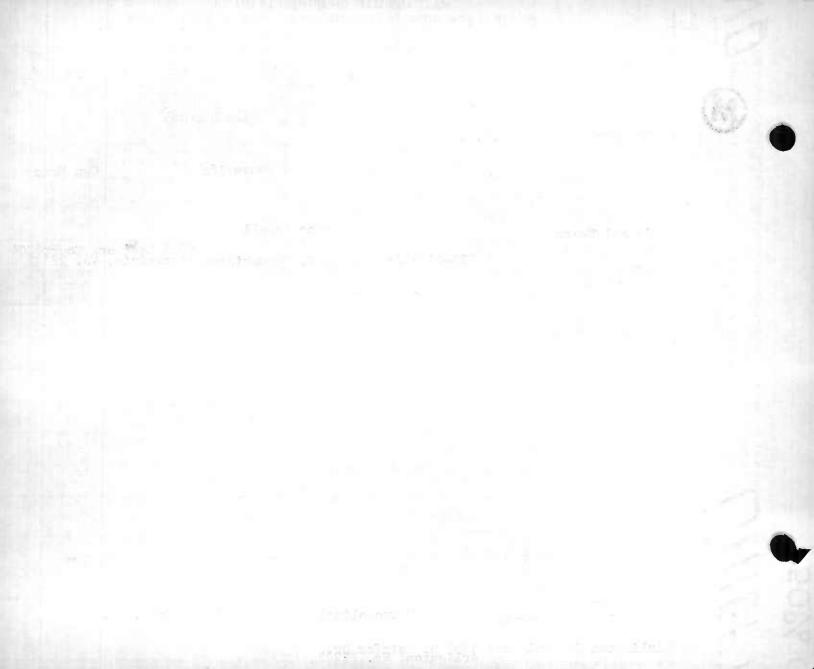


			_				MARYLAND					
-	1	1					H AND MENTAL	HYGIENE	2	3	2 /	9 9
6	,				CE	RTIFICAT	TE OF DEATH					
/) 1	10	Dep		ECEASED-NAME Firs	nt Middle		Last	2a. DATE O				2b. HOUR
	4	40	1	Type or print) Dori	s Rosenberg	er S	alus		1 2	12	1982	4:19 AM
9	Poge	e Stat	3. SI		4. RACE	S	. DATE OF BIRTH		6. AGE (In ye	ears	IF UNOER 1 YEAR	IF UNOER 24 HRS.
	7	= 75	-	Female	White		July 11.	1931	last birthda	y) YRS.	MONTHS OAY	S HOURS MIN.
400	deoth.	A PROPERTY.		BIRTHPLACE (State ar fareign			NEVER MARRIED	9. COUNTY OF				
	0	FRA	COU	ntry) Pa.	U. S. A.	WIDOWED		Monta	0200			Md.
of Paris		MAD.	10. (	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INST	ITUTION (If not		JAL OCCUPATION	(Kind of worl		12b. KIND	OF BUSINESS OR
201	nours	200	C:	lver Spring	give street address) 9524 Lawns	ho	during r	nost of working	life, even if re	etired.)	INDUSTRY	Lant
21 21		الرق يه ق	130.	USUAL RESIDENCE (Where deced	osed lived, if institution: Residence befare	13c. CITY OR T	OWN 13d. INSIDE CITY	LIMITS? 13e. ST	REET AND NUM	BER	WILSU1	Lall
AND	-	つまつ	adm	ission) STATE	13b. COUNTY	Sil	Chara YES 1	10 0	24 7	la		m =
RYLAN	W 1	ou Sun	14.	FATHER'S NAME First	Montgomery   Lost		Spr. X	First	24 Lay	VOSD iddle	erry	Last
WA P	2	14/2				T. 187						
AORE, MA	600	Poges A DO	160.	WAS DECEASED EVER IN U.S. AR	Rosenberg RMED FORCES? 166. SOCIAL SECURITY N	0. 17. INF	ORMANT Tre	ne	0 = 04d	dress	Roser	ngerger
IMO		within	(Y		war or dates af service)	039 T	oseph W.	Caluc	9523	r La	wnspe	erry Ter
SALTI		n pope event,		NO -	only one couse per line far (a), (b), and (c).)	<u> </u>	osepii w.	Sarus_	11211	SD	APPRO	DXIMATE INTERVAL
STREET, B/	100	0		PART I. DEATH WAS CAUS	ED BY:	m Fi	1				10	ONSET AND DEATH
TREE			Н	4960 IMMED		1 64	care e				10	Minuto
N S		d in	5	Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	1-charl	lie Relm		D	one	2	14000
STON	Dao	remov , ond		rise ta immediate cause (a),	DUE TO OD 10 . CONSTOURNS OF	03114	we run	onen	1),13.	un		4000
P. P.		please		stating the underlying cause	(c)						1150	
DIVISION OF VITAL RECORDS, 301 W. PRI	5 3	0.0		PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO 1	THE TERMINAL DISEASE OR	CONDITION GIVE	N IN PART 1(a)			
301		tion, or re			301.10	· KEDITED TO	THE TERMINAL BISE ST.					
DS,	salines de ciones	r permit.	CERTIFICATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PER	FORMED	20a. AUTOPSY?	20b. IF	YES, WERE FIN	IDINGS CO	NSIDERED IN	CERTIFYING
COR	A	De J	FICA				YES NO	CAUSES	OF DEATH?			
L RE	icion.	1 449	ERI	21a. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY	21c. HOW	/ INJURY OCCURRED (Ent		ry in Part 1 or	Part 2. It	em 18.)	
ITA		1-trons	MEDICAL	OR CONTRIBUTING (AUSE OF D	EATH HOUR A.M. Manth Day Year				,			
7 7	1 d 6	bursol-f	MED		e. PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY, 1 21f 10C4	ATION Street or R.F.D. N	n (ity	ar Town		County	State
NO ALC	ndin	rior rior		While Not while at wark	OFFICE BUILDING, ETC.	)	THOR SHOOT OF KILLS. IT	o. c.,			Coomy	310.0
/ISIC	otte	e o		22a   certify that (1) (t	his hospital) attended the decease	d from 7	11 19	82 to 1	2/3	19 €	52 the	nt (I) (wa) last
5 5	0 0	gien		saw the deceased	his hospital) attended the decease alive an	82, and	that in (my) ( <del>our)</del> ap	inian death	accurred an	the dat	e and hau	r and fram the
A S	lot a	H		causes stated above	re, (I) ( <del>we)</del> ( <del>did)</del> (did nat) view the b	ady after de	ath.					
DI D	hospital	ed t		22b SHGNATURE	1 0 . 2 100		ATTENDING 1	MED.	STAFF	22c. D	ATE SIGNED	/
	the c	detached and Ment		Carlo TE	neerly mi	DEGREE	PHYS.	DIRECTOR L	PHYS.	/2	1/13/	82
	PA P	and det		22d. PHYSICIAN'S NAME (Type)	1. Schoenberger	Mn	22e. ADDRESS 4701 K	Da Idai	DI	0	1. 11	6 117
ATION	ped	should be of Health						and olph	N. d		LICVIII	- /VID.
		H	230.		. DATE 23c. NAME OF C				ON (City or Tow		(County)	(State)
C	5 5	2 " 0	0.4	REMOVAL (Specify) Burial			ron Cemet	ery P	hilade	lph	ia I	2a.
Di		5 1/71 30M	24.	PUNERAL DIRECTOR		Box	1428 UEU	BY REGISTRAR	32 ZSb. KEG	ISTRAR'S	SIGNATURE	and d
	(	VR A15 (4))	Wa	arner E. Pum	phrey, Inc. Sil.	Spr.	Md DATE		100	~~	0.0	way.

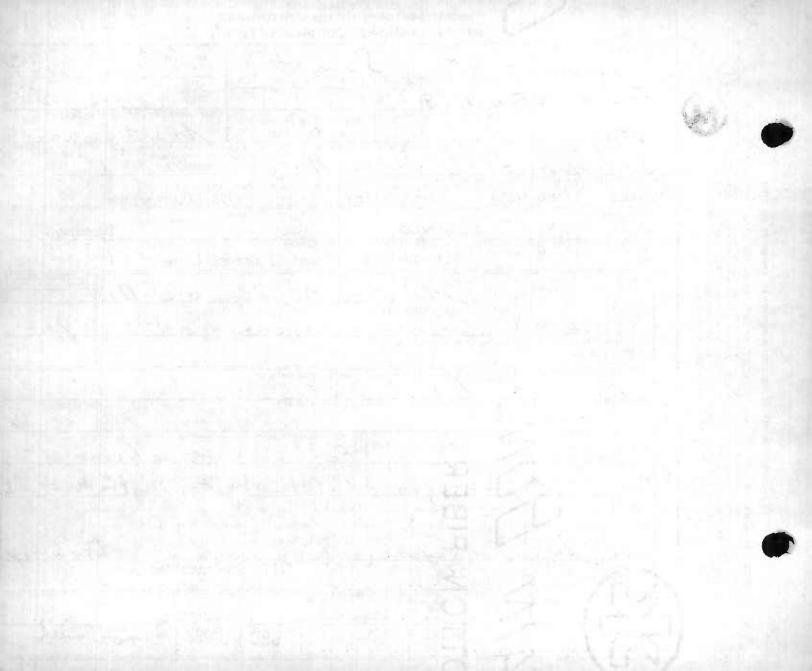
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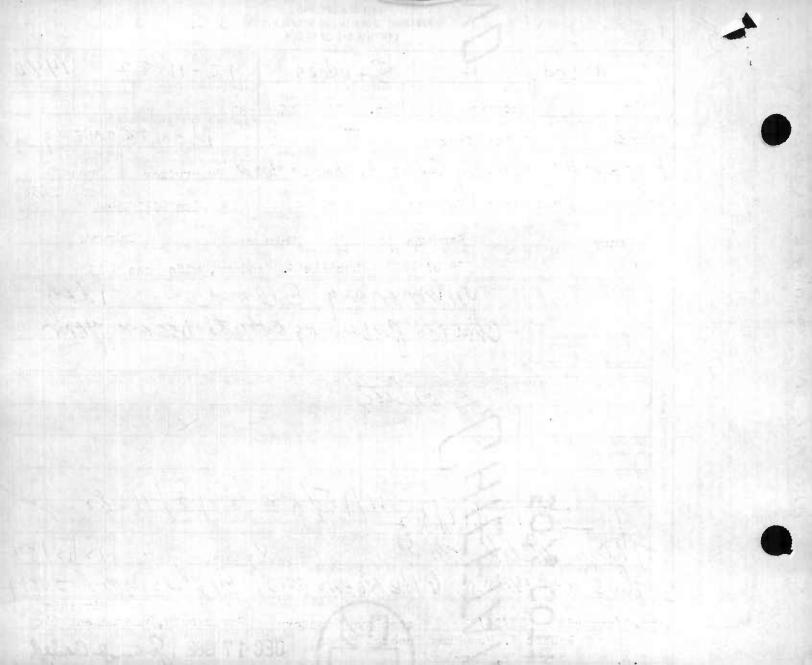
				ND STATE DEPARTMENT OF HE		
16	/		DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIM	ORE MARYLAND 21203	2 7 5 0
				CERTIFICATE OF DEATH		
death.	1. DE	CEASED-NAME Final	Middle		2a. DATE OF DEATH  Month Day	2b. HOUR
and death		(pe or phine) HAY	. E.	SAMEN	12 2	82 1 M
E .	3. SE	1	4. RACE	S. DATE OF BIRTH	O. AUL (III YOURS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN,
		remale	White	8-21-21	6/ YRS.	
19	70. B	IRTHPLACE (State or fareign New York	7b. CITIZEN OF WHAT COUNTRY?	MARKIED   NEVER MARKIED	COUNTY OF DEATH	
01		TY OR TOWN OF DEATH	U.S.A.		MONTGOMERY OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
00	G	aithERSburg	give street oddress)	James Way during most	t af warking life, even if retired.) <b>ewife</b>	INDUSTRY Own Home
25	13a. admi	USUAL RESIDENCE (Where decea ssion) STATE MARY/AND	sed lived, if institution: Residence before  13b. COUNTY Mont.	6 13c. CITY OR TOWN 13d. INSIDE CITY LIMIT YES NO		TAMES WAY
10	14. F	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME First	t Middle	Last
52	M	ichael Samen		Grace Howell	Pt-91	
1	16o. (Y	WAS DECEASED EVER IN U.S. ARes, no, or unknown) (If yes give	MED FORCES?   16b. SOCIAL SECURITY   578-24-38	7 NO.   17. INFORMANT   Allen E. Thompk:	3533 Messbuinson Alexandria,	rg Court#204 Va. 22302
		18. CAUSE OF DEATH (Enter or	nly one couse per line far (o), (b), and (o	())		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	ED BY: ATE CAUSE (a)	RCFE		HOURS-
1		2500	DUE TO, OR AS A CONSEQUENCE O	F Id. of RD		17.0
		Canditians, if ony, which gove rise to immediate couse (a),	(b)	Migh DV.	A.	
		stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE O	Diabetes		
7		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR COM	IDITION GIVEN IN PART 1(0)	
	NO	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS E	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS COI	NISIDEDED IN CEDTIEVING
29	CERTIFICATION	190. DATE OF OPERATION 190.	. CONDITION FOR WHICH OPERATION WAS I	YES NO K	CAUSES OF DEATH?	NSIDERED IN CERTIFFING
		21a. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCURRED (Enter n	nature of injury in Part 1 or Part 2, It	em 18.)
7	MEDICAL	OR CONTRIBUTING CAUSE OF D		19		
	ME	21d. INJURY OCCURRED 21e While Not while at work of wark	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. Ng.	City ar Tawn	Caunty State
		22a. I certify that (I) (th	nis haspital) attended the decea		9, ta_1//9, 19_	82 , that (I) (we) last
		saw the deceased of	alive an /////82 e, (I) (we) ( <del>did)</del> (did not) view the	19, and that in (my) ( <del>our)-</del> opini	an death accurred an the dat	e and havr and fram the
		22b. SIGNATURE	citi (124 (ard) (ard flor) view file			ATE SIGNED
		+	-aluer	DEGREE PHYS.	D. STAFF PHYS.   13	2/3/4
1		22d. PHYSICIAN'S NAME (Type) DR. C	hARLES FARWELL	11406 Viers M	1:11 Rd., Wheaton A	Nd. 20902
	230.	BURIAL CREMATION 23b. REMOVAL (Specify) 1	DATE 23c. NAME 0	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Alexandria, Va	(Caunty) (State)
(4)	24.	FUNERAL DIRECTOR	ADDRE			SIGNATURE
70	A	Tington Funer	al Home 3901 N. Fa	airfax 22203 DATOEC	9 1982 John	- On coming



	2-					STATE OF A	ARYLAND		
	1		FOR STATE		DEPARTMENT	OF HEALTH	AND MENTAL H	TYGIENB 2	3 2 / 5
			REGISTRAR		MEDICAL EXAM	WINER'S	CERTIFICATE C	F DEATH REG. N	10.
		1. DE	CEASED NAME	FIRST	MIDDLE	_	LAST		MONTH DAY YEAR 76 HOUR
	marro may to	(TYP	E OR PRINT)	11.	K	12	+	OF ESTI-	- 725
	58555		111	01110	61)	0 3	mec	DEATH MATED	Deep 1984 AN
	불합교육동	3. SE)	4 RA	CE S. DATE OF BI	IRTH 6. AGE	(IN YEARS IF UN	DER 1 YR. IF UNDER	24 HRS 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 21 HOLL
	A SACES		remale 11	White Feb		4 YRS.	ns DATS HOURS	DEAD	noch 10 mis
	3 ( 00)	70. BI	RTHPLACE (STATE OR	76. CITIZEN C	F WHAT COUNTRY?	1		9. BALTIMORE CITY	OR COUNTY OF DEATH
	<b>品語</b> 8	19	EIGN COUNTRY)	0. 0	. 0 1		IED NEVER MARR		
	#5m28 /	/		sis L	20 '. A.		/ED XX DIVORC	10001	LO JAMEY / ME
	記事品品 (C)	BACI	TY OR TOWN OF DE	ATH III. NAME OF	HOSPITAL, NURSING	HOME, OR OTH	IER INSTITUTION	12a USUAL OCCUPATION (TY FOR MOST OF WORKING LIFE)	OR INDUSTRY
	302 WON		1760	100- X/	014	2 8 1.5	HIDA	Homemaker	
_	D N N D N	USUA	L RESIDENCE (IF IN N	URSING HOME OR OTHER INSTITUTE	ON, GIVE RESIDENCE BEFORE A	DMISSION)	. 9		
120	39E30	130 5	iyland	Montgomery	Silver	WN Coatrina	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	
. 2	# XX # XX		<u> </u>	Monagomety	Suver	Spring	YES XX NO	1 0 1 1 0 0 0 0 1	venue
A O	T-SOA	4. EA	THER'S NAME	WIDDLE	.LAST -		15. MOTHER'S MAID	EN NAME MIDDLE	LAST
w	20 2 2 C		Israel		Kobrin		Mary		(Unknown)
Q	00550	16a V	AS DECEASED EVER	R IN U.S. ARMED FORCES?	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRES	
Ĕ.	E7580	(Y	NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	214-74-	8398	DOAHE S	Carpel (Same as	8 # 131
BALTIMORE, MD. 21201	A PER SIS						read s.	curper 1sume w	3 11 13]
:	2 8 ≯ F 0		18 CAUSE OF DEA	TH (Enter anly ane cause pe	r line far (a), (b), and (c	).)		1 = 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Z	大型名类型 4	100	PARTIDEATHY	WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Acu	vtc	MYC	1002 0121	111
0	THIN 24 CIL IN ITE VER ALON ANSIT PEI AL HYGIE REMOVA		8880		ON AS A CONSEQUE	NCE OF		,	
ES	EX SET SE	7	Canditians, if	any, which	Ch.1x	10 1 00	Mila	/ 1/15	10 11.
A.			gave rise ta		0,000	1112	1-1900	121211	1 11 15
3	PENC PENC PENT, OR		cause (a) statin		, OR AS A CONSEQUE	NCE OF			
20	PAN AN AN			(c)_					
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	D BE EXECUTED WEDING" IN IN WEDICAL EXA AS A BURIAL AND MAITH AND		PART 2 OTHER SIGNIFICA	IN CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEAS	E OR CONDITION GIVEN IN PA	RT 1 (g)	
ő	E THAN DONE	Z	150	e at use	-/ 4 -	1 , .	1.4.1.	7-	
E	PENCE ASE	CERTIFICATION	19g. DATE OF OPER	ATION 119h CO	NDITION FOR WHICH	OPERATION VA	AS DEDECIDATED?	12	20. AUTOPSY?
¥	HIEF LESED USED LANGED	5	11	178. CC	TON TON WHICH	OF ERATION W	ASTERIORMED:		20. AUTOPST:
1	TO COME	Ē	100	yre					YES NO
- F	CATE S THE WO THE WO TWENT	180	210 EXTERNAL CAL	Henry	A.M. MONTH DAY	YEAR 216 H	OW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM IS	8 PART 1 OR PART 2)
Z	SHOOK W	¥	UNDERLYING CONTRIBUTING	LUK		9	- // /-	2042000	Lina.
Sic	SHOPA	DICAL	214 IN HERY OCCUR	PPED 21e PL	ACE OF INJURY (ATHO		CATION	7.00 0/ 20	778770
<u>&gt;</u>	HEER COL	#	WHILE NOT	T WHILE	T, FACTORY, FARM, ETC.)	1	STREET	A CITY OR TOWN	COUNTY STATE
	WRI WARD		WHILE NOT	WORK YUU	V5/20/1/0	men	12 (omz	NULL CONSTY	my ton mon? ma
	PR: P	-	27s I certify that	t I taak charge of the remain	s described shave held	an Autop	sy , Inspectio	n linguity	and in my apinian
	MONDER 2				. Accident				The first of the f
	ME WEEK		death resulted fra	m: Natural causes 🔲	. Accident	Suicide	, Hamicide L.	Undetermined manner	
1	EXAM CERTI ULD B DIRE WARY		ACTUAL	100	100		TITLE (SPECIFY)		nu /2 //22
	4#94E"-		SIGNATIME	85mJ 1	ge	C M	10/2201	MEDICAL EXAMINER	DATE SIGNED CC6/952
	SEA SE	10	1		0	,	191	9 Seminary Road	d
	MONTE WE	1	TYPE OF PRINT	John S. Roge	ers. M. D.			ver Spring, Mar	
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL D AFTER DEATH, BALTIMORE, M	730 B	and the same of th	REMOVAL 23b. DATE		E CEMETERY C	R CREMATORY	123d LOCATION	цими
	, 24, 4, 4, 44	(5	Burial					CITY OR TOWN	COUNTY
	BP	100					Cemetery	Washington	D. C
	DHMH - 17	100	WARD MICTOS	TEIN HEBREW A STREET, N. W	LEMORIAL FU	NERAL H	OME 250. THE	TO STREET STREET	ISTRAR'S SIGNATURE
	(VR A15 ME (5))	23	2 CARROLL	STREET, N. U	V., WASHING	TON, D.	C.	0 1 0 1002	
	0011 4 (00								



		1	STATE OF MARYLAND	
	5		1 - FOR STATE CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO.	
		1.	DECEASED NAME FIRST MIDDLE LAST , 20. DATE OF DEATH MONTH DAY YEAR 25. HOUR	-
	, pe		(TYPE OR PRINT) MOODLY H SANGERS 12-11-82 144	2
0	ow W	3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN	
1	9 6 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Male Caucasian Dec. 7 1899 83 YRS.	
4	Po	197	70. BIRTHPLACE (STATE ORFOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH	-
-	Joseph Jo	1	Georgia United States   WIDOWED   DNORCED   VON 160MERG	ND.
3	ofter of the formal with the f	34	RY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  110. KIND OF BUSINESS OF CONTROL OF WORKING LIFE)  111. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  112. KIND OF BUSINESS OF CONTROL OF CO	R
12	in b	7	INTELL PENIDENCE HE NURSING HOUSE OF OTHER INSTITUTION GIVE PENIDENCE RECORE ADMISSIONS	_
MARYLAND 2120	filled bold b	5	136. STATE   136. CITY OR TOWN   136. INSIDE CITY LIMITS?   136. STREET ADDRESS   21p 20854   20854	
YEAT	within letely d 2 sh	11	4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME	_
WAR		20	Henry Sanders Unknown Unknown	
	d comp	, 10	66 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	_
A) (A)	n ond c		(185 NO OR UNKNOWN) (18 YES, GIVE WAR OR DATES) 579 03 1483 Lucille S. Sanders, wife see # 13	
ALL	sicio pers ol.		18 CAUSE OF DEATH (Enter only one couse per light for i.g., by and ic.)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	-
8.	phy npo emov		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) IMMEDIATE CAUSE (o)	
PRESTON ST.	nding arbc or re		4960 DUEND ASA CONSEQUENCE OF D. A ALT TO A C.	
\$ SI	death ottendi ove co tion, o		Conditions, if ony, which	
	4 6 9 4		gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUENCE OF	
1/3	that the d by the ease rer ol, crem		underlying cause last (c)	
5,207	uires ignec en pli buri, ury, a		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	
ORD	been s	-	Q   190 DATE OF OPERATION   190 CONDITION FOR WHICH OPERATION WAS PERFORMED   200 AUTOPSY?   200 IF YES, WERE FINDINGS USED	
REC		7	IN CERTIFYING CAUSES OF DEATH?	
TAL	SICIAN: The Ing physicion. certificate has virial-transit per entitied in 18 shows them 18 shows	Carried St.	YES NO YES NO TO THE OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2)	-
Z >	phys tifico I-tror ol Hy n 18	-0.0	OR CONTRIBUTION CONTRACTOR OF DEATH HOUR A.M. MONTH DAY YEAR	
4N	YSICIA ding p is certif buriol-i Mento or Item	71	OR CUNTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  216. INJURY OCCURRED  216. PLACE OF INJURY (All HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN  COUNTY  STREET	_
DIVISION OF VITAL RECORDS,	OING PHY or ottendia After this e os the bu olth and M		WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.)	1
20			22a.1 certify that (1) this haspital) attended the deceased from	rid
	pitol TTEN TOR: for us of He		soy/ the deceased alive on obove, (1) (me) did not) yew the box ofter depth.	
	OR A per hos DIRECT DIRECT DOUBLE CONTROLLE CO		226 SIGNATURE DEGREE 221. DATE SIGNED,	
100	At O the At D detoc of the D II. If		ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN / >/>/>	2
	HOSPITAL ned by the FUNERAL Jid be det the State ORTANT:		27d. PHYSICIAN'S NAME (TYPE OR PRINT)	
	TO HOSPITAL ( retoined by the TO FUNERAL [ should be deto with the State [  MPORTANT: #	4	Thos G. MARCO 4/16 KABIN MID, 10/745 MABIN 2081	7
			230. BURIAL, CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY TO STATE	
	BP		Burial/transit 12/16/82 Greenlawn Cemetery Portsmouth, Independent City	_
	DHMH - 16 50M 4/82	2	Pathenda Name Robert A. Pumphrey Funeral Homes Pathenda Name Robert A. Pumphrey Funeral Homes Robert A. Pumphrey Funeral Homes	
	(VRA 15, 4)		P.A. Bethesda, Maryland	

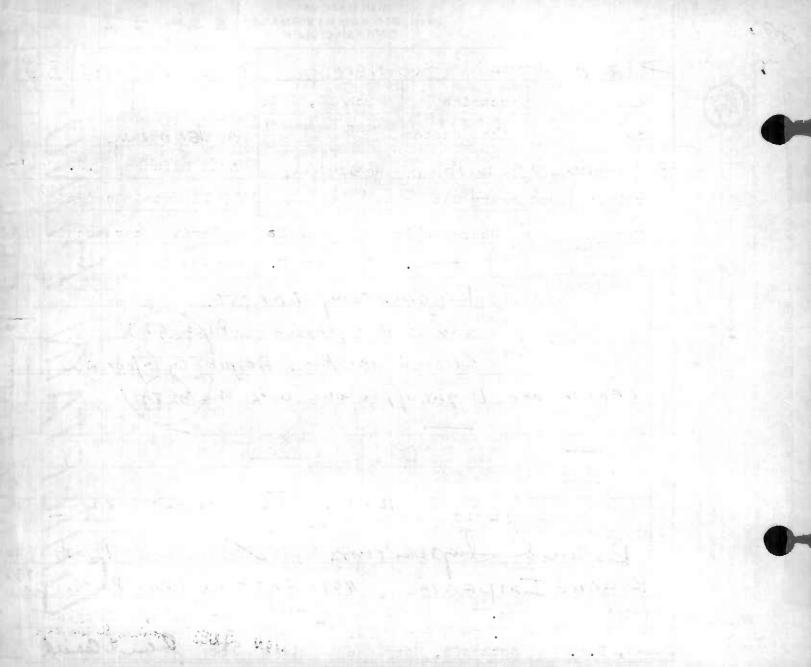


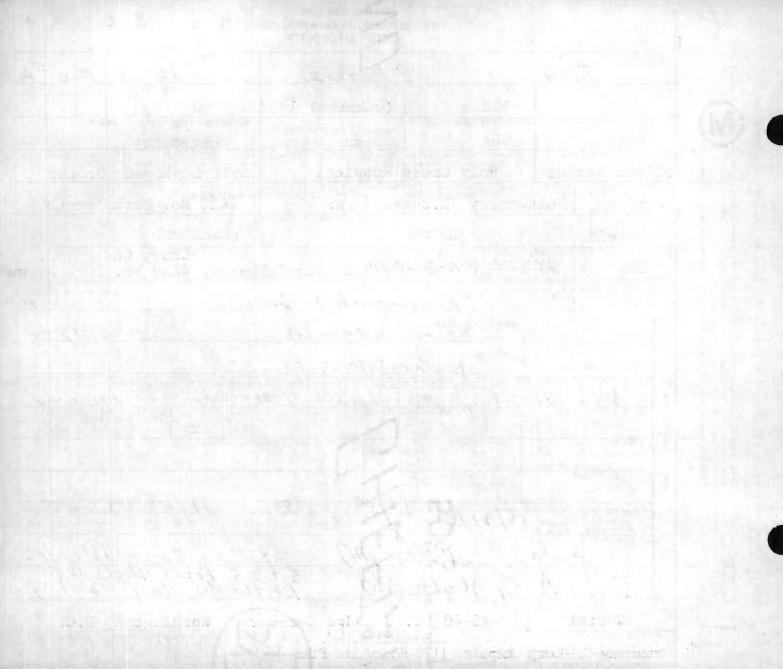
	1.	FOR STATE REGISTRAR			CERTIFIC	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	REG. N	3 2	7 5 3
pe pe pe		CEASED NAME FIRST KLARA		DOLE	SARA		December 2	1, 1982	2b. HOUR 2:00p. <sub>M</sub>
e 4 may	3. SE	x emale	4. RACE White		S. DATE OF MONTH April	1, 1905	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1	
	70. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Turkey	7b. CITIZEN OF W		8	□ NEVER MARRIED □	9. BALTIMORE CITY ON MONTGOMERY	OR COUNTY OF DEAT	H MD.
100	10. C. S 1	IV OR TOWN OF DEATH		OSPITAL, NURSIN		OTHER INSTITUTION	Homemaker	ON 12b. KIN DE WORKING LIFE) INDUS	ND OF BUSINESS OR
ly filled in by the should be illed in by the should be illed in by the should be included in the should be should b	Ma	AL RESIDENCE (IF NURSING HOME STATE 136 CO MON	or other institution. G UNITY tgomery	SILVE RESIDENCE BEFORE 13c. CITY OR TOW Silver S	pring	3d. INSIDE CITY LIMITS? YES XX NO   5. MOTHER'S MAIDEN NAM	#7 Crest P	ark Court	(20903)
completely s 1 and 2 s		CHAIM  VAS DECEASED EVER IN U.S. A	MIDDLE	SARD	AS	FIRST	(UNK	N O W N	ing, Md.
cion and c ers. Pages I.			GIVE WAR OR DATES)	NONE		Jale' Penzo	o;#7 Cres	t Park Co	proximate interval
equires, mor the dean certification signed by the attending physic. Then please remove carbaneopopito burial, cremotion, or removal injury, or other traumatic event, in	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last.  PART 2. OTHER SIGNIFICAN	DUE TO, OR	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE NTRIBUTING TO E	ENCE OF A	THERE ST TEART OT RELATED TO THE TERM	YTHMIN - DISE A	SE	RT IIa
icion.  Insit has been nist permit. Tygiene prior tygene tygen	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAL YES	NDINGS USED USES OF DEATH? NO
ter this certificate he this certificate he burial-transit is and Mental Hygienked or Item 18 shorked	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY	DEATH HOUR A.M. NER) P.M. 21e. PLACE O	A. MONTH DA	19	216 HOW INJURY OCCURE 216 LOCATION STREET	RED (ENTER NATURE OF INJU		
OR: After or use as of Health of I is mark		220. I certify that (1) (this has sow the deceased alive that (did) (did)	on 12/19/	1 19		that in (my) (our) opinion o	death occurred on the d		1 110 (1) (11 0) 1031
Stote det	1	DE PHYSICIAN'S NAME (119	· / Ou	prar	- W	22e ADDRESS	MEDICAL STA X DIRECTOR PHYSIC	Maryla	2-21-82 and
TO FUNE should be with the MAPORTA	220	STEVEN K.				8830 Camero	on Street		
P		(SPECIFY) CEMATION, REMOVE BURIAL UNERAL DIRECTOR DANZ	Dec.22	2,82 JU	DEAN M	EM. GDNS.	OLNEY: MO	NTGOMERY: M	STATE STATE
16 50M 4/82 A 15, 4)	11	70 Rockville P	ike: Rock	ville. M	arylan	d 20852	UZ 7 1982	John d.	cohely

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE PLANE STREET STREET STREET STREET The state of the second st 1. To same, no. ection = 1. To the city of to 23 (1.5) and appet to the bill appress to Acres ion 222 (2000) Committee acresses, acres authorities, secretary, 11. Andrew Special Commence of the 
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH Carmen carnen SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR March 14, 1915 Caucasian Male 67 To. BIRTHPLACE I STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIEDEN NEVER MARRIED United States WIDOWED Ohio VIONIGO MEU 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 26. KIND OF BUSINESS OR TYPE OF WORK OF MOST OF WORKING LIFE)
Civil Defense burbtua 136 COUNTY 5409 Glenwood Road 20817 Montgomery Maryland Bethesda 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Scarnecchia Angel a Maria Scarnecchia Carmen ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES, GIVE WAR OR DATES) 216 44.3583 Mary F. Scarnecchia see #13 no APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per Lee for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: LESDINATOM IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION ncino ma IN CERTIFYING CAUSES OF DEATH? NOF 71g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY OR CONTRIBUTING TEAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE 12-10 220.1 certify that (1) (this haspital) attended the deceased from 19 8 ) and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on\_ above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22e ADDRESS d b 230 BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY arklawn Memorial Buria1 Rockville. 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 250. DATE REC'D. BY REGISTRAR 24 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) Bethesda, Maryland Homes, P.A.





Pages 1 and 2 show

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.		9/1/	
		CEASED NAME	FIRST		MIDDLE	l	ASI	20 DATE OF DE		DAY YEAR	2b HO	UR
	1	CONFRINT	ROSA		LEE	SCC	TT	DECEMB	ER 14. 19	982	12:	(HAM)
	3. SE	Х		4. RACE		5. DATE C		TH 6. AGE (IN YEARS LAST BIRTHDAY)				R 24 HRS
	I	FEMALE		BLACK		MAS		44	YRS.	MONTHS DAY	SHOURS	MIN.
		IRTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	1 1 1 1	
4	17	GEORGIA		U.S.	A.	WIDOWE			GOMERY			MD.
	10° €	ITY OR TOWN OF E	DEATH			NG HOME C	OR OTHER INSTITUTION	12a USUAL OC		12b. KIND	OF BUSIN	-
0		SILVER SP		12625		ROAD	APT. 201		TEACHER			SCHOOL
1	13a. S	AL RESIDENCE (IFN	136 COUN	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e STREET ADI	DRESS			
9	M	ARYLAND	MON	<b>IGOMERY</b>	SILVER		YES NO	12625	LAYHILL	RD. 2	20906	#201
-	14 FA	ATHER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N.		HODLE		AST	
0		ROBERT			SCOTT		MAGNOLI			SCOT	T	
		VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORMANT		AD 12625 I	AYHILI	RD.	#201
		YES		2-1966	274-36	-7585	HAZEL WELLS	. SISTER	SILVER	SPRINC	MD.	20906
		18 CAUSE OF DE	ATH (Enter or	ly ane cause per	line for (a), (b), an	L 19				APPRO BETWEE	NONSET AND	RVAL D DEATH
		TARTI: DEAT		TE CAUSE (a)	Llutr	FA	ILLIRE			O.N	t no	YTH
		195	0	DUE TO, O	R AS A CONSEQU	ENCE OF	0.0	00 > 0	1 . 1261	184	20001	Yn S
		Canditions, if any, which gave rise to immediate			nt(7/5)	1770	CAWCIR	OF 1766	LIUH.	70,	- 670	01 3.
		cause (a), sto	iting the	DUE TO O	R AS A CONSEQU	SUFFETIE CAMER UP THE MISE					24/	7
				(0)	רוטווויט	110					2 11	
	NOI	PART 2 OTHER S	OU NO	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE O	R CONDITION GIV	EN IN PART	lia:	
7	CERTIFICATION	190 DATE OF OPE	RAYON	196 CONDI	TION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPS		S, WERE FIND		
4	RTIF	N			NIT				OX YE	s 🗆	NO [	
3		210 ACCIDENT WAS	- Luc	1 HOUR A.		AYAYEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE	OF INJURY IN ITEM 18 F	PART I OR PART 2)		
1	CAI	(IF EITHER NOTIFY M	EDICAL EXAMINER		4 /	17 19	N	//			35/16	
70	MEDICAL	21d INJURY OCCI	4.1	21e. PLACE O	OF INJURY	FARM, ETC.)	211 LOCATION STREET	C	ITY OR TOWN	COUNTY		STATE
			WHILE D									511
		220 I certify that saw the diece			e decrased from_		5 19 79		114	19 83	, that (I) (	(we) fost
		abave, (I) we	(did) (did na	May the body	after death.		d that in (my) (aur) opinion	death accurred o	n the date and hou		-	
		1	any	115	und r	Cyn	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [	12/12/	ESIGNED	50
1		124 PHYSICIAN'S	NAME ITH	R PRINTI	1-11-50	1	22e. ADDRESS		AFTERSA'	1		
1		Gary R.	Burch	, M.D.			3301	New Mexi	co Ave.,	Wash,	D.C. 2	20016

BP

MPORTANT:

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR RICHARD RAPP INC .ADDRESS AVE

23b DATE

6/82

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

23c NAME OF CEMETERY OR CREMATORY

HEAVEN

23d. LOCATION
CITY OF TOWN

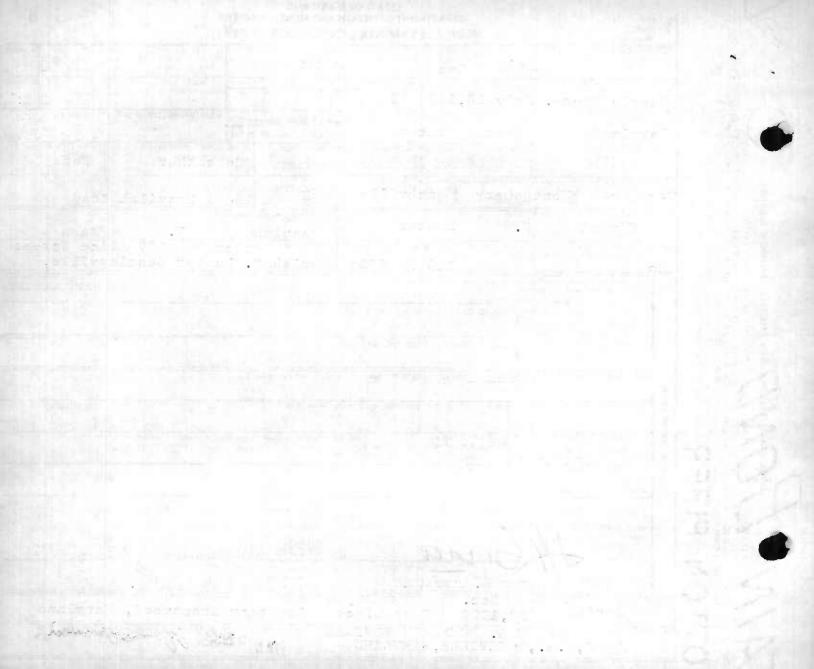
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1 - STATE REGISTRAR  DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.							
Way of St. E		CEASED NAME FIRST	onnie 1	Lee	Seabolt		12 27 <sub>19</sub> 82
PLEASE FECTOR OURS	3 SE)		S. DATE OF BIRTH	6. AGE (IN YEARS IF	UNDER 1 YR. IF UNDER		12 27 <sub>19</sub> 82 6:37
_ <b>W</b> 5	7a. BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WI	HAT COUNTRY?	RRIED NEVER MARR	9. BALTIMORE CITY OR C	17776
PAGE S PAGE S NIW S PILED		TY OR TOWN OF DEATH		SPITAL, NURSING HOME, OR C SPUT SPEE Adventist		126 USUAL OCCUPATION (TYPE OF V FOR MOST OF WORKING LIEE) HOMEMAKET	
AND STANDS TO SETAIN SECOND	USU/ 130. S Ma:	RESIDENCE (IF IN NURSING HOME TATE Tyland Mon	or other institution, GI	13 ROCKVIIIe	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS   13866 Travilal	h Road
BALTIMORE, MD. RRS AFTER DEATH. IF B. GIVE PAGES 1, 2, WITH FORM PM 3. I. PAGES I AND 2 SI DIVISION OF CITAL		Edward	S' •	Hunter	15 MOTHER'S MAIDE FIRST Beulal	n V •	Fagen
I., BALTIMORE, URS AFTER DEA B. GIVE PAGES WITH FORM P. IT. PAGES I AN C. DIVISION OF C. DIVISION OF C.	16a. V		RMED FORCES?	219 54 9934	Beulah	other ADS 157 AV. Hunter Bent	Alice Street leyville, PA
L RECORDS, 201 W. PRESTON 51.,  JUD BE EXECUTED WITHIN 24 HOUR "PENDING" IN PENCIL IN ITEM 18.  F MEDICAL EXAMINER ALONG W F AND MENIAL PREMIT— HEALTH AND MENIAL HYGIENE,  JL, CREMATION, OR REMOVAL.		Conditions, if ony, which gave rise to immediat couse (a) stating the underlying cause last.	ATE CAUSE (o) AY  DUE TO, OR  (b)  DUE TO, OR  (c)	teriosclerotic  AS A CONSEQUENCE OF  AS A CONSEQUENCE OF			
■ QU =	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITION		BUT NOT RELATED TO THE TERMINAL DIS		RT 1 (e).	20 AUTOPSY?
DIVISION OF VITA BIVISION OF VITA E. WRITING THE WORL RWARDED TO THE CH FATE DEPARMENTO STATE DEPARMENTO O, 21201 PRIOR TO BUR	MEDICAL CER	216 EXTERNAL CAUSE WAS UNDERLYING ON CAUSE OF CONTRIBUTING CAUSE OF WHILE AT WORK AT WORK	P.M. 21e PLACE (	A. MONTH DAY YEAR A. 19	HOW INJURY OCCURRE	D LENTER MATURE OF INJURY IN ITEM 18 PART  CITY OR TOWN	COUNTY STATE
CAMINER: 1 ERTIFICATE, D. BE FORW IRECTOR: P WITH THE SI		22a I certify that I took char death resulted from: Not ACTUAL SIGNATURE	rge of the remains des	scribed above, held an Au Accident , Suicide	nopsy XXI, Inspection, Homicide  TITLE (SPECIFY)  ASSISTA	Undetermined manner ,	DATE 12/28/82
TO MEDICAL EXECUTE THE CIPAGE 4 SHOUL PAGE 4 SHOUL TO FUNERAL DAFTER DEATH, DAFTER DEATH, DALTIMORE, M.			lormez R. (			nn Street,Balto.M	4D 21201
Bb	(	URIAL, CREMATION, REMOVAL BUTIAL	30,1982	Fort Line	coln Cemet	ery Brentwood,	
DHMH - 17 (VR A15 ME (5))	24. F	HOMES, P.A.	RT A. PU ROCKVII	MPHREY FUNE	RAL 250. DATE	REC'D. BY REGISTRAR 256 REGISTR.	AR' A BI G WATURELL &

20M 4/82

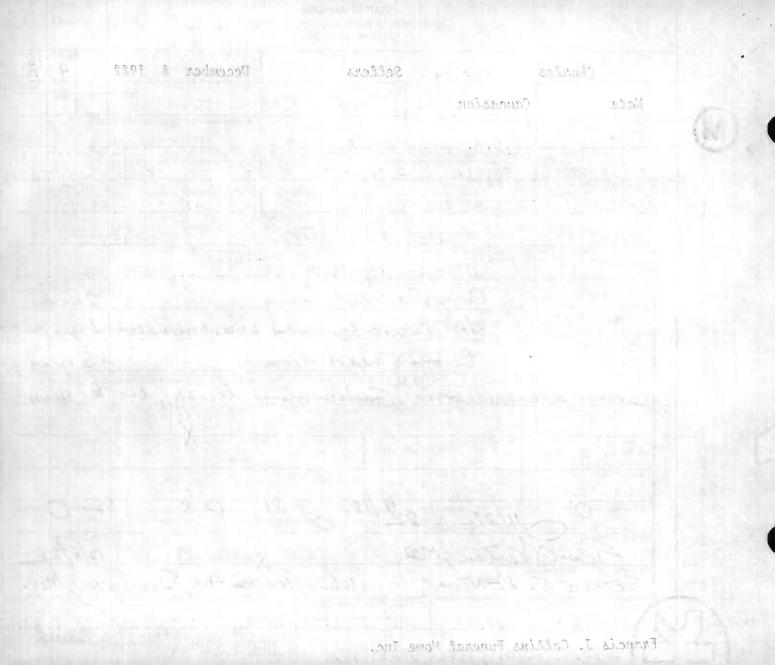
STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN AT (TYPE OR PRINT) OF ESTI-DEATH MATED - 50 3. SEX 4 RACE DATE OF BIRTH 6. AGE IN YEARS IF UNDER AR. JE UNDER 24 HRS DATE PRONOUNCED DEAD b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR NEVER MARRIED OREIGN COUNTRY England U.S WIDOWED KIND OF BUSINESS OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION TYPE OF WORK Antique Dealer Antiques 3a STATE 13e. STREET ADDRESS BROWARD FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Seigal 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO 625 Piping Rock Dr. I I F YES, GIVE WAR OR DATES) Arlene Wozin ver Spring.MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (p), (b) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o USED AS A BURIAL TRANSIT PO OF HEALTH AND MENTAL HYGI ALAL ("REMATION", OR REMOVE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIG. CERTIFICATION 19n DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CRTIFICATE SHO EXECUTE THE CRETIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMEND BALTMORE, MARYLAND, 21201 PRIOR TO THE NO PO YES 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 19 218 PLACE OF INJURY (AT HOME. 21 LOCATION STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK AT WORK 27a I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my apinian death resulted fram: Notural couses Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER TER'S NAME THE OF PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial BP New Montefiore Cem 24 FUNERAL DIRECTOR 254 CARROLL ST 15 TPATEREGOODY **DHMH - 17** (VR A15 ME (5)) 20M 4/82

moland U.S.A. I. S.A. - Antique Dealer Antiques Zamus P. DONA (Ner eweuw) being CNOT MARRIAL 625 Piping Rock Dr. 870-2830-364 Arlene Wosin\_Silver Sering, No 1992 Seminary 10. 55 MB Surial 12/27/82 New Montefiore Cen. Associate - 2 Col. No. 18 8 come Petraceae Plane Also Plane & C

	1-	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2 3	2 7 6 0
		EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR 5
noy be page 3 r deoth		Charles	1100-010010	Sellers		82 4. P
4 mo	3. SEX	Male	Caucasian	5. DATE OF BIRTH  MONTH NOV DAY 1, 488 89		IF UNDER 1 YEAR IF UNDER 24 HR
	7	THPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	9 BALTIMORE CITY OR COUNTY  MONTGOME	
10 to 100	10 CI	Y OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE PARKING LOTS	12b. KIND OF BUSINESS O INDUSTRY
24 haven	USUA 13a. S	L RESIDENCE (IF NURSING HOME OF TATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13c, CITY OR TO	RE ADMISSION)  NN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1 OWNER
within 24 sletely fill.	_	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NAM	ME 2804 URBAN	LAST
l or l	16a W	NATHAN  AS DECEASED EVER IN U.S. AF  ES NO OR UNKNOWN)   1 FYES, GF	SELLE  RMED FORCES?   16b SOCIAL SEC	- 147717	UGHTER ADDRESS	KFITH
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he death certificate he attending physici emove carbonpoper motion, or removal. ir troumatic event, th		PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSEOL	VE heart failure Splite Reat block	pem.pacemake	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  2 Weeks  Lycar
ires that t gned by t en please burial, cre ury, ar othe	7	underlying couse lost	(c) Lovan		INAL DISEASE OR CONDITION GIVE	> S years
the low requision.  b has been significate prior to how sony inject.	CERTIFICATION	(Orebal al		. Crasho Wifeshira H OPERATION WAS PERFORMED	YES NOW YES	WERE FINDINGS USED VING CAUSES OF DEATH?
SICIAN: ng physic certificat urial-trans frem 18 s	MEDICAL CE	216. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	HOUR A.M. MONTH I	DAY YEAR 19	RED (ENTER NATURE OF NJURY IN ITEM 18 PA	RT I OR PART 2}
ottendii ottendii frer this os the bu th ond M	MED	21d. INJURY OCCURRED  WHILE ONT WHILE OF AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
spitol or Spitol or STOR: A for use of Health		saw the deceased alive or	oital) ottended the deceased from	and that in (my) (our) opinion	death accurred on the date and hour	9 that (I) we) ke and from the couses stated
y the hosy the hosy the hosy the hosy the hosy detoched detoched tote Dept.		22b. SIGNATURE	Kerton, M	DEGREE ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	12/8/82
TO HOSPIT TO FUNER should be a with the St		GEORGE S	*KENTON	10620 Geo	già Ave, Silve	Spring, Mot
BP	23a B	URIAL, CREMATION, REMOVAL CREMATION	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY  METROPOLITAN CR	236 LOCATION CITY OR TOWN  EM. ALEXANDR	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FL	NERAL DIRECTOR	ins Funeral Hom	EPRING MD. 250. DAT	EC 1 3 1982	RAR'S GG AS URELLY



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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATT OF DEATH

	REGISTRAR			CEKTIFI	CATE OF DEATH	REG. NO.				
	I. DECEASED NAME	FIRST	MIODLE	LA	st	20. DATE OF DEATH MO	NTH DAY	Y YEAR	26 HOUR	?
		ALBERT GORDO	N SENTMAN			DECEMBER 28	1982		1:5	2 a
	3. SEX	4 RACE	1/4	5. DATE OF		6 AGE (IN YEARS LAST BIRTHD		UNDER I YEAR	IF UNDER 2	4 HRS
	MALE	CAUCAS	ÎAN	AUGU	ST 28 1918	64	YRS.	NIHS DAYS	HOURS	MIN
-	TO BURTHPLACE (STATE OR F	OREIGN 76. CITIZEN OF	WHAT COUNTRY?	8.	X NEVER MARRIED	9 BALTIMORE CITY OR	OUNTYO	FDEATH		-
13	MARYLAND	UNITE	D STATES	WIDOWED		MONTGOMER	Y			MD.
40	10 CITY OR TOWN OF DEA		HOSPITAL, NURSING	HOME OF	OTHER INSTITUTION	120 USUAL OCCUPATION		126 KIND O	F BUSINES	SOR
1	BETHESDA		L HOSPITAL			RETIRED	ORKING LIFE)	U.S	.NAV	Y
6	USUAL RESIDENCE (IF NURS	OME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE A		136 INSIDE CITY LIMITS?	113e STREET ADDRESS				
	FLORIDA	BREVARD			CHIS X NO	200 CHERRY	DRIVE			
	IA FATHER'S NAME	WIDDLE	LAST		S. MOTHER'S MAIDEN NA		-			
5	ALBERT FRA			16.0	MYRTLE MAE	E DETTRA MIDDLE		t AS		
	160 WAS DECEASED EVER		166 SOCIAL SECUR	ITY NO.	17. INFORMANT	ADDRESS			-	
3	(YES, NO OR UNKNOWN) YES	1935-1965	146-07-7	715	EDNA L.SENTMA	AN, 200 CHERRY	DRIVE	, SATE	LLIT	E
	18 CAUSE OF DEATH	Enter only one cause per	line for (a), (b), and	(c)	BEACH, FL 32	2937		BETWEEN	MATE INTERV	AL
	PART I. DEATH W	AS CAUSED BY.	EUMONIA .	POST	RIGHT PNEUMO	NECTOMY FOR				
	1629									
	Conditions, if any,		R AS A CONSEQUEN OUAMOUS CE		PCTNOMA					
	gove rise to imm	nediote	CONTOOD CI	- CA	TOTIVE					
	couse (o), statini	g the DUETO.O	R AS A CONSEQUEN	VCE OF						

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION

underlying

couse

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

21a. ACCIDENT WAS UNDERLYING

22a.1 certify that (this hospital) attended the deceased from.

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

AT HOME, STREET FACTORY, OFFICE, FARM ETC )

21e. PLACE OF INJURY

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

82

211. LOCATION

CITY OR TOWN

200 AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

DECEMBER

COUNTY STATE

NO

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES X

the deceased alive on DECEMBER

23a. BURIAL, CREMATION, REMOVAL

21d INJURY OCCURRED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23b. DATE

DEGREE

DECEMBER

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED

CDR MC USN

NAVAL HOSPITAL, NAVAL MEDICAL COMMAND NATIONAL CAPITAL REGION, BETHESDA, MD 20814

231 NAME OF CEMETERY OR CREMATORY Florida Memorial Gardens Cocoa, Florida

STATE

Burial

24 FUNERAL DIRECTOR

Capitol Funeral Service, Falls Church, Va.

Dec. 31, 1982

DHMH - 16 50M 1/B1 (VRA 15, 4)

FUNERAL DIRECTOR.

should be detoched with the Stote Dept.

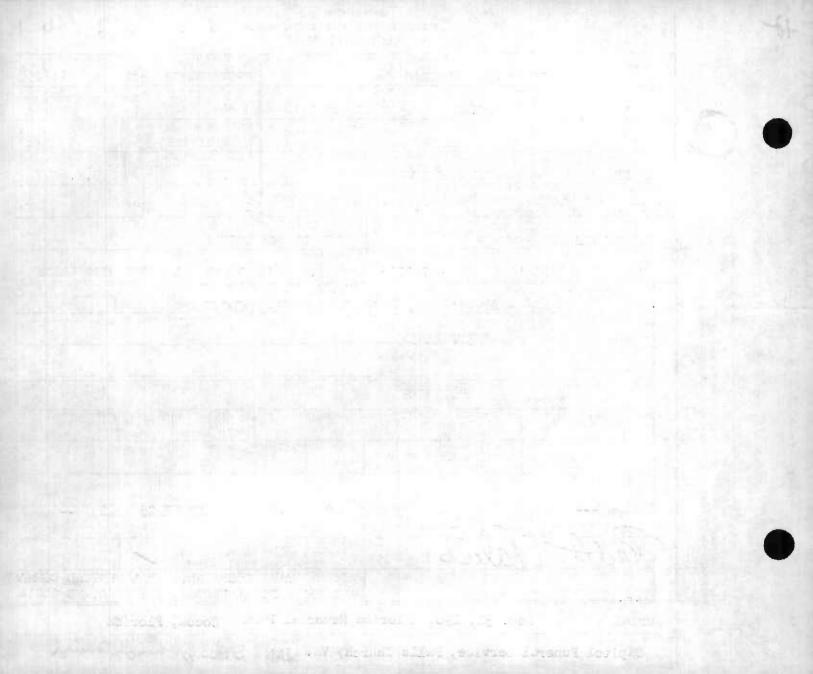
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IMPORTANT: If Item 21 is morked or Item

Health and Mental Hygi

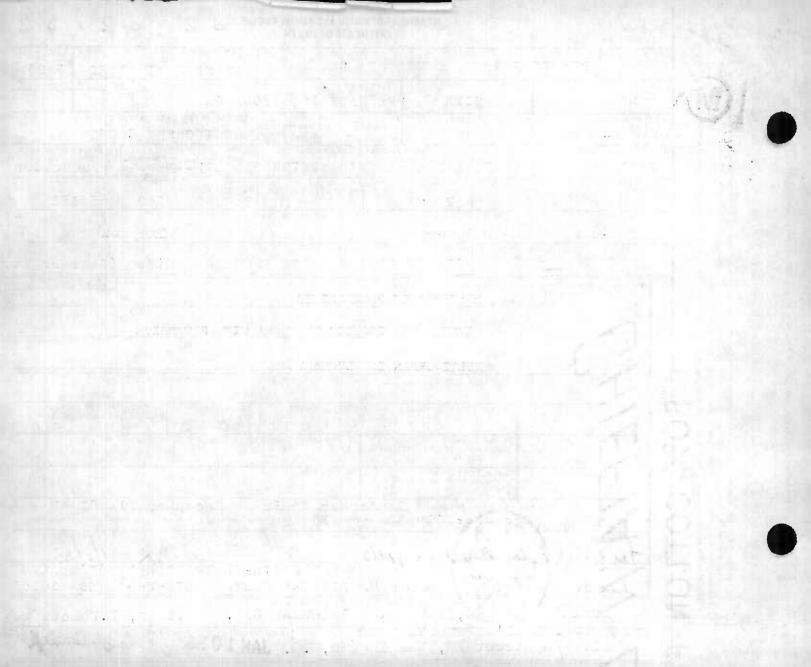
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+	1	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	3	2 /	6 2	
¥3		CEASED NAME FIRS DENN	IS JEROM	IE SEVE		SR.	20. DATE OF DEATH DECEMBER	31.	1982	7:25 P	
(NI)	3. SE	MALE	4. RACE WH	IITE		JARY 14, YEAR 19	6. AGE (IN YEARS LAST BIRTHDAY)  34  48  YRS.  IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.				
1 0 m 7 m	70. B	RTHPLACE (STATE OR FOREIGH COUNTRY) Dakota	7b. CITIZEN OF USA	WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY MONTGOM	_	OUNTY	MD.	
by the fu	ВІ	THESDA	CLINIC	CAL CENT	ER, I	NIH, BETHES	120 USUAL OCCUPA (TYPE OF WORK FOR WOST A, MD; Ch	TION OF WORKING LIFE EMICA  Engr	126. KIND OF INDUSTRY Prod	uction	
filled in nould be	N (	ORTH DAKOTA	ME OF OTHER INSTITUTION OUNTY	130. CITY OR TOW TIOGA		13d Inside City Limits? Yes no 🛣	13e. STREET ADDRESS		588	52	
ompletely ond 2 si		Oscar	WIDDIE	Severso		15 MOTHER'S MAIDEN NA/ Ada	WIDDLE	Samps	son		
S. Pages 1		VAS DECEASED EVER IN U.S (ES, NO OR UNKNOWN) (IF YI YES —	S. ARMED FORCES? ES. GIVE WAR OR DATES)	578-52		ROSELEE S	EVERSON,		(Same	as Pt:	
been signed by the otten mit. Then please remove a prior to burial, cremotion, any injury, or other trouma	CERTIFICATION	Conditions, if ony, whice gove rise to immediate couse (a), stating the underlying couse loss PART 2. OTHER SIGNIFICA	$\begin{array}{c} h \\ \text{Defice} \\ \text{Defice} \\ \text{Due TO, CO} \\ \text{Co} \\ \underline{M} \end{array}$	OR AS A CONSEQUE  TITT—ORGA  ONTRIBUTING TO [	STIOC NCE OF N TNU DEATH BUT	OLVEMENT	HOMA WITH EXTENSIVE  DETERMINAL DISEASE OR CONDITION GIVEN IN PART TO  THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO  THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO				
shows	ERTIFIC	21g. ACCIDENT WAS UNDERLYIN	G   216 TIME C	OF IN IURY		21c HOW INJURY OCCUR	YES X NO	YES		NO [	
the buriol-tran	MEDICAL C	OR CONTRIBUTING CAUSE ( (IF EITHER NOTIFY MEDICAL EXA  21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	DF DEATH HOUR A	.M. MONTH DA .M. OF INJURY IREET, FACTORY, OFFICE, F	19	211 LOCATION STREET	CITY OR T		COUNTY	STATE	
In Tonestal District States Should be detached for use of should be detached for use of with the State Dept. of Health IMPORTANT: If Item 21 is mort		22s.1 certify that W (this	hospital) attended the on December on December on December on the body	y other death	82, or	DEGREE  ATTENDING PHYSICIAN CLINICAL CI	MEDICAL ST. DIRECTOR PHYS	AFF ICIAN TUTE:	ond from the co	auses stated	
od w M		BURIAL, CREMATION, REMO (SPECIFY) Burial	Jan	5,1983	Zioi	emetery or crematory 1 Lutheran (	1234 LOCATION		N. Dak		
- 16 50M 4/82	24. F	UNERAL DIRECTOR MAT				rton D C	E REC'D BY REGISTRA AN 1 0 1983	R 25 REGISTR	AR'S SIGNAPL	RELIEF	

STATE OF MARYLAND

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Herold 5 Miraky, N.O. 750-249

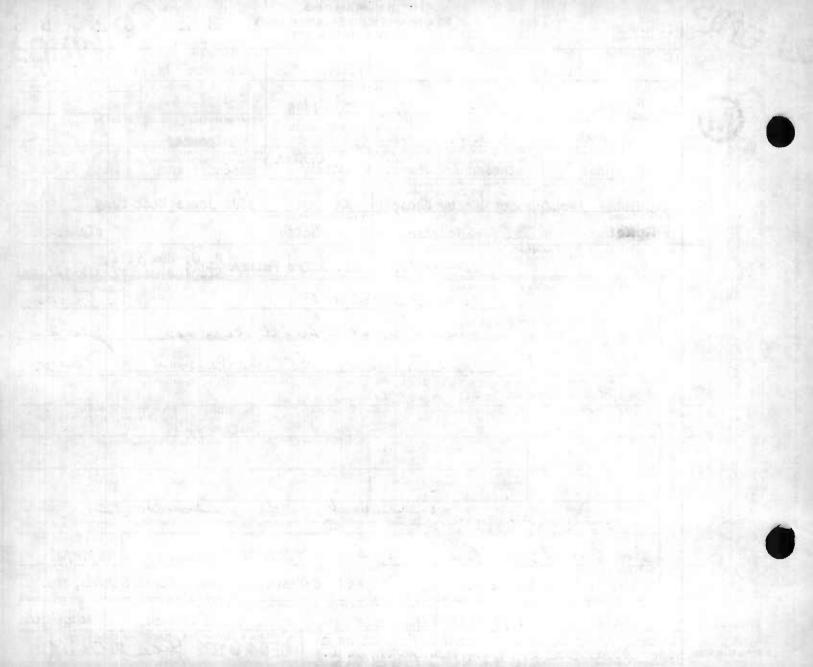
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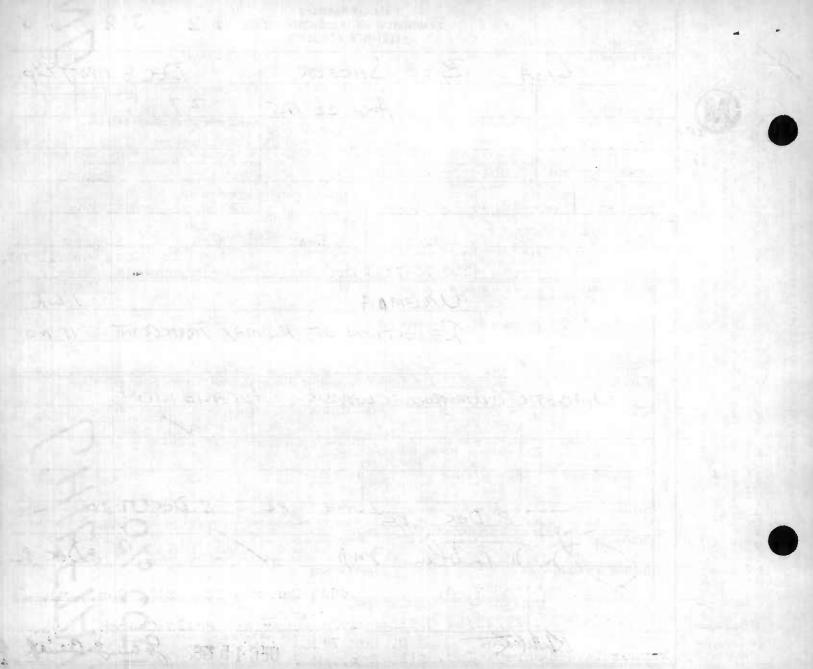
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Author 25, 1,982 and 11,06 at and a figure is a restant and a feringer is most transform. The contract transform and tran Yes Will 407-26-4008 Haureso E. Shelly-Dau-Fraderick, ed. 21701 Manual Langua Funda Statut Special Annual Langua Langua Langua Canina



. , .	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 2 / 6 6  CERTIFICATE OF DEATH  REG. NO.				
X 240		CEASED NAME FIRST OR PRINT)	SA L	Seth	SHERER	26. DATE OF DEATH MON	TH DAY YEAR 26. HOUR C 8 1982 7 LIPM
_ (M)	3. SE	emale	White	5. 0	ATE OF BIRTH  ANG ZZ 19	6. AGE (INYEARS LAST BIRTHDAY	YRS IF UNDER 1 YEAR IF UNDER 2 HRS MONTHS DAYS HOURS MIN.
of other party		RTHPLACE (STATE OR FOREIGN COUNTRY)  Wash D C	76. CITIZEN OF WHAT	WI	ARRIED NEVER MARRIE	□ Montgomer	
South the contract of the cont	Si	ty or town of DEATH  lver Spring	Holy C	ross Ho	ospital	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Student	IZB. KIND OF BUSINESS OR INDUSTRY  School
BALLIMOKE, MAKTLAND 2 120 cote be executed within 24 hours ysicion and completely filled in by opers. Pages 1 and 2 should be fill wol. 11, the medical examiner flust be fill 11, the medical examiner flust be fill 12.	13a. S	THER'S NAME	tgomeryBe	thesda	13d. INSIDE CITY LIM YES TO NO [ 15. MOTHER'S MAIL	8520 West I	Howell Road
and with the state of the state		Max	G. S	herer	Leah	WIDDLE	Lipschutz
nond cor Poges 1	16a. V	AS DECEASED EVER IN U.S. A	RMED FORCES? 16b S	OCIAL SECURITY	NO. 17 INFORMANT	^852(	West Howell Romesda, Maryland
nn.  The fow requires that the death cert in the been signed by the attending permit. Then please remove carbone prior to buriel, cremotion, or rews ony injury, or other traumotic.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (0), stafting the underlying couse lost.	DUE TO, OR AS A  (c)  CONDITIONS CONTRI	CONSEQUENCE BUTING TO DEAT	OF OF		DN GIVEN IN PART I 10:
DIVISION OF VITAL RECORDS, 201 W. PRESTON ING PHYSICIAN: The low requires that the death or r attending physician. When this certificate has been signed by the attendin os the burial-transit permit. Then please remove carb th and Mental Hygiene prior to burial, cremation, or orked or them 18 shows any injury, or other traumatic	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IN EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED  WHILE NOT WHILE	P.M. 21e PLACE OF IN	MONTH DAY	YEAR 19 21f. LOCATION	OCCURRED (ENTER NATURE OF INJURY IN	
R ATTENDI hospital or IRECTOR: A hed for use ept. of Heol		27a. I certify that (I) (the head south deceased at a cooper, (I) (the) (the head shows, (I) (the) (the head shows).	a B DE	C 19 86	DESCREE	ppinion death occurred on the date of	nd hour and from the causes stated
TO HOSPITAL O retained by the TO FUNERAL DI should be detoc! with the Stote DR IMPORTANT: If I		Ira N. Tu		D.	THE ADDRESS	DING MEDICAL STAFF	□   8DEC 82
BP	23a.	BURIAL, CREMATION, REMOVA		23c. NAM	OF CEMETERY OR CREMA	ATORY 23d LOCATION	Church Va
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	ineral director arner E. Pum	phrey, In			DEC 15 1982	



		TAT	E OF	MARY	LAND	
DEPAR	REMENT	OF H	EALT	H AND	MENTAL	HYG
	CE	DTIE	ICAT	E OF	DEATH	

	1	FOR STATE	DI		IEALTH AND MENTAL HYC	GIENE Q 4	3	la 1	0 /
	1	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	).		
		CEASED NAME , FIRST	MIDDLE		LAST		MONTH DAY	YEAR 2b.	HOUR
	(TYPE	OR PRIMYRTL	E A	S	HREVE	16	2-25	-82-	435 M
	3 SE	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
		Female	Caucasian	Sept	21 1893	89	YRS.	HS DAYS HO	OURS MIN.
25		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	JNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	+ 32_7h
0	We	st Virginia	USA	WIDOWE	DIVORCED	Mout	gow		MD
72	10.5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	12a. USUAL OCCUPATION TYPE OF WORK FOR MOST O		126. KIND OF BI	USINESS OR
-0	1	an marca	1001	ran M	ospi fac	Housewife		Own H	ome
5	M	at yland 136 CO	UNTY 13c CITY C		13d. INSIDE CITY LIMITS?	7718 Brad	llev Bly	rd.	
0	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME			
C	Ja	cob	F. Alt	AST	Annie	MIDDLE		Kimble	e
1	15	VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCI	AL SECURITY NO	17. INFORMANT	ADDRE	SS		
	1	No No	ne 233-	58-2992	Mrs. M. Ru	th Bradley	see 13	E.	
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse per line for (a)	, fb1, and Ich		0		BETWEEN ONS	E INTERVAL
			IATE CAUSE (0)	Pulm	Thory et	cerne		5 Re	reco
		4100	DUE TO, OR AS A COL	NSEQUENCE OF	011.	1 10		2	
		Conditions, if ony, which	(b)	Myes	order U	youth		200	20
		couse (o), stoting the	DUE TO, OR AS A COL	NSEQUENCE OF					
		underlying couse lost	(c)						
	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTION	NG TO DEATH BUT	20		ITION GIVEN I	market d	1,
	ATION	Upp	m6/blas	day o		we,		3004	
9	FICA	19a. DATE OF OPERATION	19b. CONDITION FOR	WHICH OFERATIO	N WAS PERFORMED	20g AUTOPSY?	IN CERTIFYING	_	DEATH?
0	CERTIFIC	210. ACCIDENT WAS UNDERLYING	716. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES _		40 🗆
4		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON		THE TIOW WAS ONLY OCCOR	TED TENTER NATURE OF INJUR	I IN HEM IB PART I	OR PART 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE	P.M. 21e. PLACE OF INJURY	19	21f. LOCATION				
	MET	WHILE NOT WHILE	(AT HOME, STREET, FACTORY		STREET	CITY OR TO	NN	COUNTY	STATE
		AT WORK AT WORK			-76	12/26		<i>F</i> 3	
			on / 2/24 not) view the body ofter death	A-)	nd that in (my) (our) opinion	deoth occurred on the do	ste and hour an		t (I) ( <del>we) l</del> ost uses stated
		22b. SIGNATURE	not) view the body offer death		DEGREE	A 17 - 10 -		22c. DATE SIG	NED
		Ju	of Weller	ill m	ATTENDING PHYSICIAN	MEDICAL STAF		12/2	6/02
1		224. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS				/
		LEWS N.	CAHILL.	aro	5411 W.CE	DAX CN.	12514	E 500	Del
-		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d LOCATION			
		(SPECIFY) Burial	12-29-1982	<sup>2</sup> Keyser	Cemetery	Keyser, M	ineral,	W. V	irgini

DHMH - 16 50M 4/B2

BP.

(VRA 15, 4)

Burial Keyser Ceme

74 FUNERAL DIRECTOR

W. W. Chambers Co, 8655 Georgia Ave, S. S.

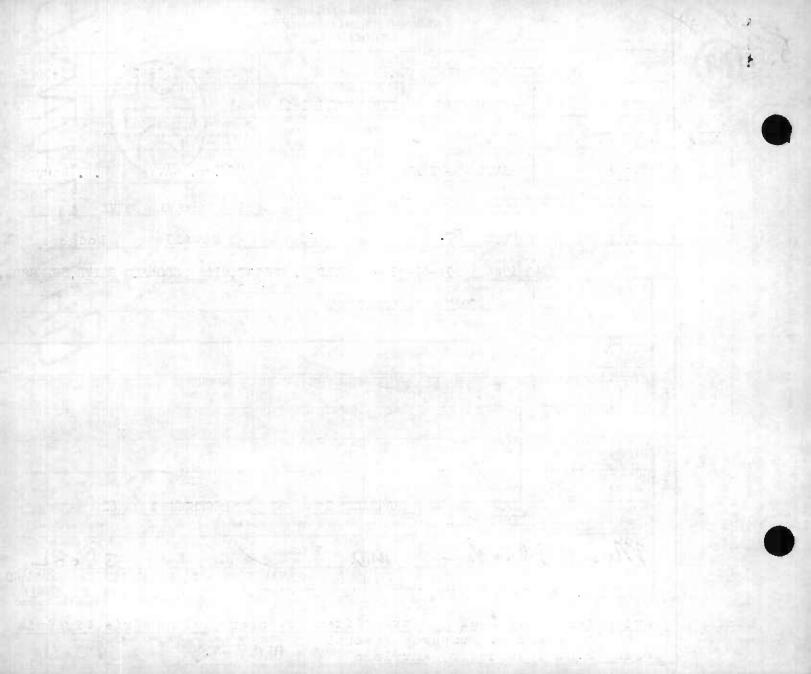
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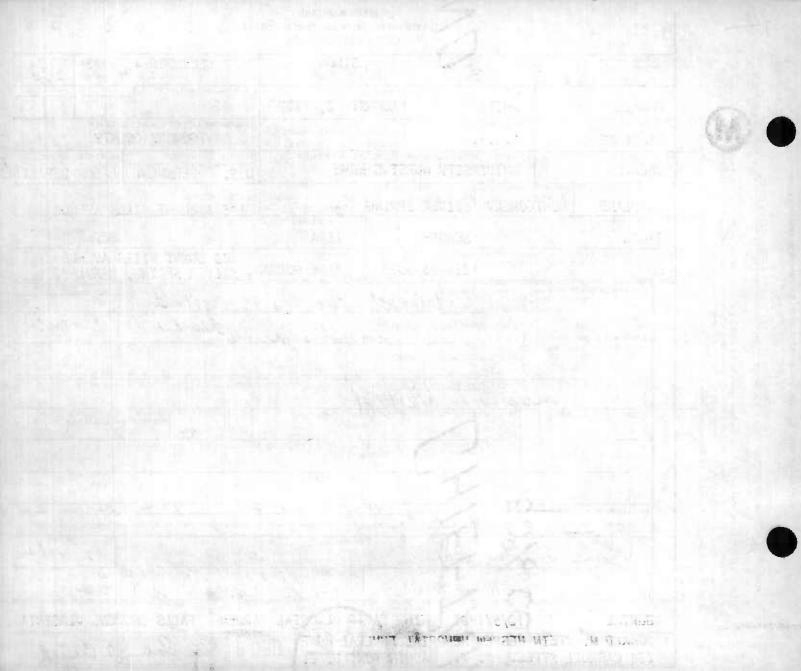
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1 - J-1. eye cety , cye ine l in Colembary Co, Cost Cest 12 ve, 20

L.i.L





- 1			500		STATE OF MARYLAND	0 0	7 0	1173
1		1 -	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYGI RTIFICATE OF DEATH		3 4	110
		DE	CEASED NAME A FIRST	WIDDIE	TAST	REG. NO	D. MONTH DAY YEA	
± 3			OR PRINT)	B. <		76 DATE OF DEATH	MONIH DAY YEA	26 HOUR
poge r dec	1 2	. SEX	Kosali		ATE OF BIRTH	6 AGE (IN YEARS LAST BIR	HDAY) IF UNDER I Y	EAR IF UNDER 24 HRS
rector.	10	FI	EMALE	WHITE	NONTH DAY YEAR S- 19-04	78	YRS MONTHS DA	AYS HOURS MIN.
nerol di	2		RTHPLACE (STATE OF FOREIGN	11. \ A	ARRIED NEVER MARRIED DOWNED DIVORCED	9 BALTIMORE CITY O MONTGOM	ERY COUNTY	
by the fu	70		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO KENSTNGTON GARDEN		120 USUAL OCCUPATION SECRETA	PURKING LIFE) INTELLY	ERAL ERNMENT
filled in buld be i		3a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS ITY 134 CITY OR TOWN SILVER SPRI	ISIDE CITY LIMITS?	13e STREET ADDRESS 1400 FE		
ind 2 sh	50	4 FA	THER'S NAME	BUSKY	15. MOTHER'S MAIDEN NAM	E		AELSON
d con	1	6a V	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY		14000P	ENWICK LAN	
Pog		NO	1	579-01-1525	B SAMUEL SING	GER, SILVER	SPRING. M	ARYLAND
ysicio opers vol. t, the	ſ		18 CAUSE OF DEATH (Enter on	ly ane cause per line far (a), (b), and (c).			BETWI	ROXIMATE INTERVAL EEN ONSET AND DEATH
on pour			PART I. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a) Cere brown	escular socialen	t a occlus	ion	
corb , or r			4360	DUE TO, OR AS A CONSEQUENCE	OF Enential Hyper	tausina		25 years.
nove notion trour		П	Canditions, if any, which gove rise to immediate	(b)	Constitution 179/000	C/03(1)		
crem			couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE	OF			
plear plear plear priol,			PART 2 OTHER SIGNIFICANT	(c)ONDITIONS CONTRIBUTING TO DEATH	PULL NOT BEHAVED TO THE TERMS	LAL DISEASE OR COME	71011 67/51 61 61	
Then to bi		Z O	cotherie custife	o, osteoporonio, L	ver Curcons	VAL DISEASE OR COINE	THON GIVEN IN PAR	110
prior	109	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER		20a AUTOPSY?	206 IF YES, WERE FIN	IDINGS USED
iene iene	La	TIF				YES NO	IN CERTIFYING CAU	NO [
Hyg 18 st	2445		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DAY Y	216 HOW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART	2)
ento	1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	114	19			
nd M nd M		MEDICAL	216 INJURY OCCURRED	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
lth o			AT WORK AT WORK	1	me 15 10 3 P	12/18	# L	
Heo				ar) arrended the deceased from	_, and that in (my) (our) opinion de	_, 10	19	_, that(I) we) last
at of to			sow the deceased alive on above (1) we) (did) (did na 27b. SIGNATURE	view the body after death.	DEGREE DEGREE	eoin occurred on the do		
toche Dep			May -	3. Shew und	ATTENDING	MEDICAL STAF		TE SIGNED
Stot	9		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		DIRECTOR PHYSIC		
should be country the Standard	1		MAX G. SHERE		800 PERSHIL	g brive 5,1.	ick speny,	Md 20810
0,73	2		URIAL, CREMATION, REMOVAL	12/22/1982 CONGRE	SHOLUMY PALMUDOTO EGATION CEMETERY	RAH LOCATION	NGTON. COUNTY	D. C. ATE
	2			HERDEW MEMORIAL TO			ST REGISTRARIOSIC	
16 50M 1/81 A 15, 4)			DONALDOM: STEIN 232 CARROLL STR	EET, N. W., WASHIN	HERAL DHOME "DEC	27 1982	shu de l	shill



n and completely tilled in Ey H Pages 1 and 2 should be thea

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician should be detached for use as the burial-transit permit. Then please remove carbon papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other traumotic

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 2

	REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO			
	DECEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	John	F	5	Skillman		12	02	82	7:00a <sub>M</sub>
3 5	SEX	4 RACE	5 DATE (		6 AGE (IN YEARS LAST	BIRTHDAY	MONTHS.	R ) YEAR	IF UNDER 24 HRS. HOURS MIN.
	Male	Caucasian	10	19 04		78 YRS		DAIS	NOORS MIN.
2 70	BIRTHPLACE (STATE OR FOREIGN COUNTRY). OHIO	U.S.A.	MARRIE	DIVORCED	1/03/03/03/		TY OF DE	ATH	MD
	CITY OR TOWN OF DEATH POTOMAC	10021 NEWH	ALL ROAD	OR OTHER INSTITUTION	126 USUAL OCCUPATION 126 KIND OF BUSINESS OF SPECIAL ASSISTANT DEPT. OF CO				
130		INTY 13c CITY	OR TOWN	136 INSIDE CITY LIMITS	13e. STREET ADDRES 10021 N	s EWHALI	ROA		
2 14	FATHER'S NAME FIRST ROYER	MIDDLE N.	SKILLMAN	MINNIE	NAME		V	vesc.	5
160	WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES	01-0164	DOROTHY SK	ILLMAN, WIFE,	16021 POTO	NEWI	IALL	ROAD
NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	nary arte			PUDITION G	IVEN IN	PART 1:0	vears
CERTIFICATION	19g. DATE OF OPERATION	196. CONDITION FOR			20a AŬŤOPSY? YES □ NO 🎮	IN CERT	ES, WERE	FINDIN	IGS USED OF DEATH?
7	OR CONTRIBUTION CONTRACTOR OF THE	ATH HOUR A.M. MON	TH DAY YEAR	21¢ HOW INJURY OCC	CURRED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR	PART 2}	
MEDICAL	AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	co	UNTY	STATE
		November 19	19 06 00	ber 16 19 6.  Id that in (my) (our) opin	non death occurred on the		19		that (i) (we) last
	776. SIGNATURE Mu	pel		DEGREE ATTENDING PHYSICIAN	MEDICAL ST	AFF IICIAN []	130	2/2	
	GERALD I. S	HUGOLL, M.D.		5530 Wisco	onsin Ave.,	Chev	y C	186:	Md.
23a	BURIAL, CREMATION, REMOVA (SPECIFY) CREMATION	12/2/82	The same of the same	EMETERY OR CREMATOR	RY 23d. LOCATION		COUN		STATE MD.

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

24 FUNERAL DIRECTOR RICHARD RAPP CREMATION SVC'S 3520 C 20008

COUNTY PG. MD. HILL CREMATOR DEC 6 1982

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Dang Grand		L. S. San S	3 15	1280 11 12		

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1	1.	FOR STATE REGISTRAR			DEP		EALTH AND MEN		NE 8 2	۷٥.	3 2 /	12
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ge 4 meetor, p	3. SE	MALE		4 RACE CAUCA	SIAN	S. DATE C		YEAR	. AGE (INYEARSLAST)	YRS		HOURS MIN.
death. Po		RTHPLACE (STATE OR FOI COUNTRY) VEW YORK	REIGN	76 CITIZEN OF		TRY? 8. MARRIE WIDOWE	NEVER MARK		BALTIMORE CITY	OR COUNT	Y OF DEATH	440
s ofter dea by the fune illed within		ITY OR TOWN OF DEAT	H GQ	11. NAME OF		JRSING HOME	TOTHER INSTITUT	100	20. USUAL OCCUPA STYPE OF WORK FOR MOD AERO. E	TION JOF WORKING L VGINEE	(126. KIND OF INDUSTRY	BUSINESS OR
t hour	M		SHOME OR OR OR OR OR OR ON	OTHER INSTITUTION TY GOMERY	GIVE RESIDENCE 136. CITY OR WHEAT		134. INSIDE CITY L YESX NO			ENDERS	ON AVENU	E 2090
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quires that the death certifications is goned by the attending plant has please remove contains to burial, cremation, or remaining, or other traumatic event	NO	Conditions, if ony, gove rise to imme couse (a), stating underlying couse	which diate the last	DUE TO, OF  (b)  DUE TO, OF	R AS A CONS	EQUENCE OF	NOT RELATED TO		TAL DISEASE OR CO	NDITION GIV		104745
on. hos beer t permit. I tene prior	CERTIFICATION	190 DATE OF OPERATION	N	196. CONDI	TION FOR W	HICH OPERATIO	N WAS PERFORME	D	200 AUTOPSY?	IN CERTI	S, WERE FINDING FYING CAUSES C	
SICIAN: The ng physicion certificate haral-transit pental Hygie ental Hygie ltem 18 short		210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEAT		M. MONTH	DAY YEAR		Y OCCURREI	D (ENTER NATURE OF IN	URY IN ITEM 18	PART 1 OR PART ?)	
ifter this os the but	MEDICAL	21d INJURY OCCURRE  WHILE NOT WHILE AT WORK		21e. PLACE ( (AT HOME, STR		FFICE, FARM ETC.)	21f. LOCATION STREET		CITY OR	OWN	COUNTY	STATE
spital or spital or CTOR: A for use of Heal		22a. I certify that (I) (t saw the deceased abave, (I) for (d			27	19 8 2 01	d that in (my) <del>(au-</del>	9 8 2 ) opinion de	oth occurred on The	dote and ha	ur and from the co	
AL DIRE	19	226 SIGNATURE	eu	nort	Goe	1, 111	PHYS	NDING SICIAN D	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	12/2 /2/2	17/82
TO HOSPITAL TO FUNERAL should be det with the Store		G. LEN	NARD	GOLD			220 ADDRESS SILVER			ARYLAN	D	
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FI	UNERAL DIRECTOR FROM NAME UNIV. BLV	ANCIS D.,W.	S J. COI .,SILVEF	LLINS R SPRII	ĬĠ, MD.	20901	JAN	6 1983	R 251-REGIS	TRAR'S SIGNATU	reel

Neptune, N. J.

Francioni-Taylor & Lopez

(VRA 15, 4)

STATE OF MARYLAND

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FOR

- STATE

REGISTRAR

INDUSTRY Chief Clerk O.D.B II S 516 Ashford Road LAST Wilev Ralph C. Smith-Brother-(same as 13e) APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO 20b. IF YES, WERE FINDINGS USED INCERTIFYING CAUSES OF DEATH? NO F 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) COUNTY STATE and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN COUNTY STATE Lee's Crematory Washington, DC BP. 11800 N.H. Avenue. 24 FUNERALDIRECTOR Hines/Rinaldi Funeral Home 25a. DATE REC'D. BY REGISTRAR TO REGISTRARY DHMH - 16 50M 4/B2 Silver Spring, Md. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

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DAYS

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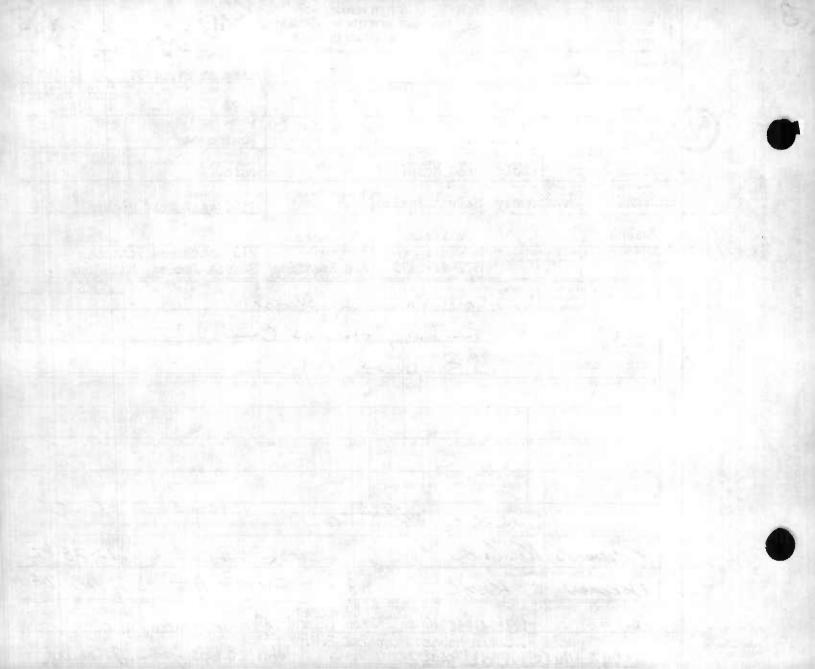
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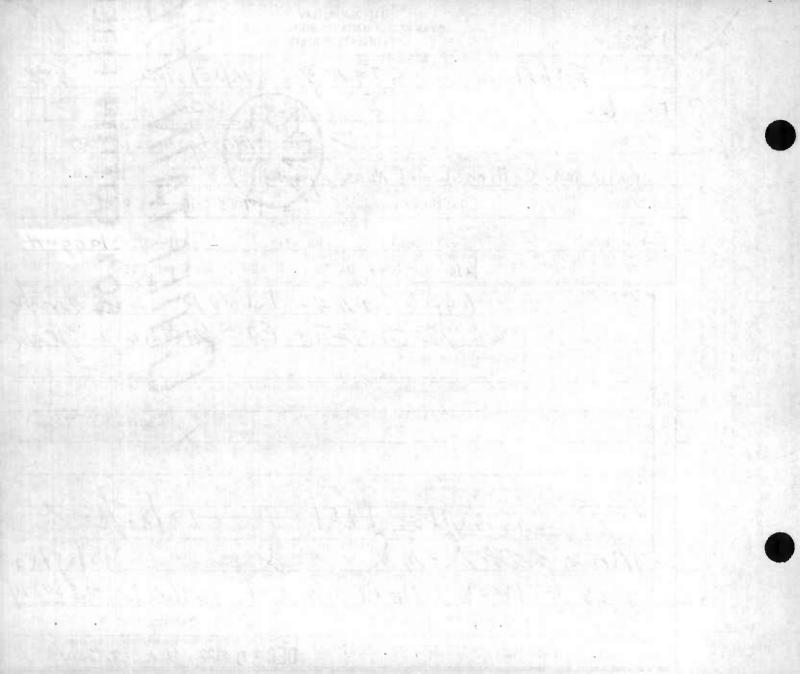
	١,	FOR			DEPARTA		E OF MARYLAND EALTH AND MENTAL HY(	GIENE 8 2	3	2	11
	1	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.	fire	
		CEASED NAME	FIRST		MIDDLE	·	AST	20 DATE OF DEATH		YEAR	2b. HOUR
NE OH		SA	RAH				SPERLING	December 2	3, 1982		4:15A
3 77	1 SE		4	RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HR
6		Female		White		May	15, 1888 YEAR	94	YRS.		
Mi :		RTHPLACE (STATE OR FO	REIGN /	U. S.	WHAT COUNTRY?		D NEVER MARRIED	BALTIMORE CITY C		F DEATH	
		ITY OR TOWN OF DEA	TH 1	1. NAME OF	HOSPITAL, NURSIN	WIDOWE	DR OTHER INSTITUTION	Montgomer		12h KIND C	F BUSINESS C
400		ever Spring			Cross Hus			Housewife	IF WORKING LIFE)	INDUSTRY	
d be t	USU. Ma	AL RESIDENCE (IF MURSI	NO NTO	OTHER INSTITUTION IY OMO H IJ	Silver S	N N NHINA	134. INSIDE CITY LIMITS?	134 STREET ADDRESS	(1) a s + 11		4200
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med	16a \	VAS DECEASED EVER I	IN U.S. ARM		166 SOCIAL SECU		17 INFORMANT	773 Novem	food Te		,,,,,,
Pages	1	YAS DECEASED EVER I YES, NO OR UNKNOWN)	(W YES, GIVE V	TAR OR DATES	577-48-2	693	Abe Sperling	Silver Spi	ung, M	arylar	ıd
ovaf.		18 CAUSE OF DEATH	1 (Enter only	ane cause pe	r line for (a), (b), an	d (c). (	040			BETWEEN	MATE INTERVAL ONSET AND DEA
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prior ws an	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V	WERE FINDIN	NGS USED
sho	I H							YES NOTE	IN CERTIFY I		OF DEATH?
Mental Hyging of or Item 18	GR	21a. ACCIDENT WAS UND		216. TIME O		AY YEAR	2)c HOW INJURY OCCUR		RY IN ITEM 18, PART	I OR PART 2)	
nal-trans fental H or Item	3	OR CONTRIBUTING C			.M.	19					
rked o	MEDICAL	21d. INJURY OCCURR			OF INJURY	ARM, ETC )	211 LOCATION STREET	CITY OF TO	VN	COUNTY	STATE
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with the State De		NOEMU			VaL		8750 GO	EDEGIA AUG	3 5	5, M	0 24
with	23a (	SURIAL, CREMATION, F	·	23b. DATE		AME OF C	EMETERY OR CREMATORY	23d. LOCATION			
-8-3-1		specify) Burial		12/29	11982 Oh	ev Shi	emetery or resemptory olom Talmud T	orah washin	atan T	YTAUC	STATE
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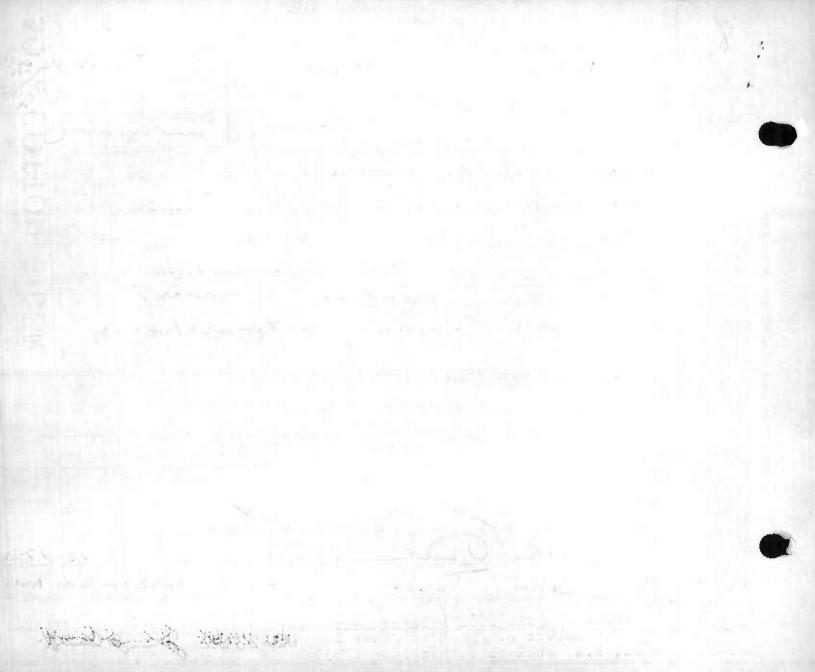
FOR

(VRA 15, 4)

STATE OF MARYLAND



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	S PETET SEE		ckville		Shady	y Gr	ove Adv	entis	t Ho	sp.		f-em		red	Equ	MYPHSE Leas	nt
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ALTI	S AFTER GIVE P. ITH FO PAGES IVISION		No	(IF YES, GIVE	WARORDATES		326-01-	3550	Vera	Р.	Stat	hes,	sam	ne a	s #1	.3	
201 W. PRESTON ST., BALTIMORE,	8,80 ≥ 1.0		18 CAUSE OF D	EATH (Enter onli	ly one cause p	per line f	or (o), (b), and (c).)	1 5			a	22		1	BET	PPROXIMATE	INTERVAL AND DEATH
NO SNO	24 HOUR ITEM 18. LONG W PERMIT. GIENE, D		414		TE CAUSE (o)		Car S A CONSEQUENCE						-0	V	1		
REST	ZZYEZZ			if any, which	DOE		TO PO NO		a	- 7	LV 10	50	1000				
×.	> Z ≥ E > S	-	couse (o) sto	to immediate ting the <u>under</u> -	DUE T		S A CONSEQUENC				10-11						
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NO	CERTIFICATE SHEETING THE WORDED TO THE CO. E.3 SHOULD BE LEDEPARTMENT (CO. PRIOR TO BUS) I PRIOR TO BUS		UNDERLYING CONTRIBUTING	OR CAUSE OF [		JR A.M. P.M.	MONTH DAY Y	EAR									
VISIO	RECERTING (REDED ) SEEP A SEEP	MEDICAL	216. INJURY OCC				FINJURY (AT HOME		CATION			CITY OR TOV	WN		COUNTY		STATE
ō	AAG AAG AAG	1	AT WORK	T WORK			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
	TO MEDICAL EXAMINER: 11 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		22a. I certify t	nat I taak chorg	e of the remo	oins deed	ibed above, held a	n Autop	sy .	Inspectio	n .	Inquiry		ond in my	y opinion		
1	BE DE L		death resulted l	rom Natur	ral causes	1.	Accident	Suicide	, Homic	cide	Undete	rmined mo	onner	],			
	A. W.		ACTUAL	Vol	-	()	and		TITLE (S	PECIFY)				DA	TE	12-1	7-50
	SHC		SIGNATURE					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	r.D		MEDH	CAL EXAM					
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	DAA DEA	23a.B	(TYPE OR PRINT)  URIAL, CREMATIO  Buria	N, REMOVAL 2	3b. DATED P	c.	23c. NAME OF	CEMETERY C	RCREMATO	ORY	CITYO	CATION			YINUO	\$1/	ATE
	BP	24 5	Buria	L P D a 1	21, 1	982	Gate o	f Hea	ven (	Om DATE	S:	ilve	r Sp	ring		ary1	and
	DHMH - 17 (VR A15 ME (5))	H	NAME D	Kober	C A.	ADDRESS	phrey F	unera	1	UEU	234	86GISTRA	fol	SISTRAN	Lia	neigh	
	(VR A15 ME (5) )	111	Juico, I	· A · KO	CKATT	те,	Maryla	na 20	000				U				



24 FUNERAL DIRECTOR Robt E Wilhelm ADDRESS 4308 Suitland 150 Miles

Rd., Suitland, Md.

Funeral Home

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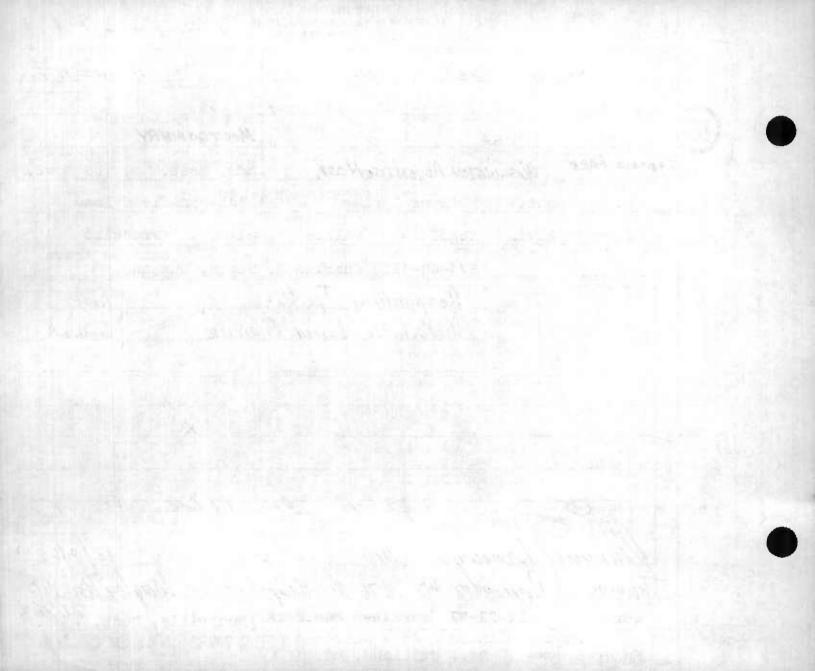
DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO MONTH 2 IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY US Govt. 401 Mansfield Road Franciso ADDRESSame as Above APPROXIMATE INTERVAL 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO F CITY OR TOWN COUNTY STATE pinion death occurred on the date and hour and from the couses stated 22c. DATE SIGNED Mont



4			FOR		DEPARTA		E OF MARYLAND EALTH AND MENTAL HY	GIENE 8 2	3	27	8
/		1.	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. I	10.		
	5.5		CEASED NAME F-61	URA	MIDDLE	Į.	STEVENS	20. DATE OF DEATH	MONTH DAY		HOUR
2 64		(TYPE	LAURA	Una 6	v s	TEL	IENS		12/1	182	5 1
		3. SE	X	4 RACE		S. DATE C		6. AGE (IN YEARS LAST B		INDER I YEAR IF U	NDER 24 H
6 6 6			FEMALE	WHI	TE	MONTH /2	13 1900	8	YRS.	ITHS DAYS HO	JRS M
menth of the 72 to 01 onto	15		RTHPLACE (STATE OR FOREIGN	USA	WHAT COUNTRY?	WIDOWE	DIVORCED	9. BALTIMORE CITY MONTGON	OR COUNTY OF IERY	DEATH	
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Elled in could be in	35	USU. 13a.	AL RESIDENCE (IF NURSING HOME 20904 13 MB)	OR OTHER INSTITUTION	N. GIVE RESIDENCE BEFORE	ADMISSION)	THE MISIDE CITY LIMITS?	130. STREET ADDRESS	eibel	Drive	
campletely 1 and 2 sh	50	14. F/	David T.	WIDDLE W	illiams		15. MOTHER'S MAIDEN NA FIRST Anna	AME MIDDLE	Ma	rkwick	
d co	1		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDI			
n and Pages		,	no	GIVE WAR OR DATES	209-36-	0282	JANET HAZZ	ZARD Same	e as #1	.3	
sicio ppers rol.			18. CAUSE OF DEATH (Enter	only one couse pe	er line for (a), (b), one	Jich				BE THE PROPERTY OF	ALC: N
phy on pa			PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)		V	Sund			INV	-
ding ding or r			5850	DUE TO. C	OR AS A CONDEDUE	NICE OF	· 0. 1	0:1		1. 1	
deoth attend ove ca trian, o			Conditions, if ony, which	( (b)_	1	mn	we lamp.	min		ING	
the emo			gave rise to immediate couse (a), stating the	DUE TO, C	OR AS A CONSEQUE	NCE OF				()	
that d by lease ial, cr			underlying couse lost.	(c)_					SEVIET	0	
quires signed hen ple to burid		NO	PART 2. OTHER SIGNIFICANT	T CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	NDITION GIVEN	IN PART 110	
in. hos been permit. The prior ine prior ins we ony ir	7	CERTIFICATION	190. DATE OF OPERATION	19b. CONE	OITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTORSY?	206. IF YES, WIN CERTIFYIN	VERE FINDINGS	USED DEATH?
ysicio ysicio cate l ansit Hygie 8 sho	0	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME (	OF INJURY		21c. HOW INJURY OCCUP				<u> </u>
ph tiff	4	_	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A							
IG PHYSICI) offending p fer this certi s the burial- t and Mento	/	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P		OF INJURY	19	211. LOCATION				
d d t a b		ME	WHILE NOT WHILE AT WORK		TREET, FACTORY, OFFICE, F	ARM, ETC )	STREET	CITY OR 1	OWN	COUNTY	STATE
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TEN ital			sow the deceased alive of	00	2/ 100	2	that in (my) (our) opinion	death occurred on the	date and hour or		
			22b. SIGNATURE	was view the bod	y affer death.		DEGREE			22c. DATE SIGN	
0 " 0 0 0 -			( A	AAN	Dr. C	0	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN 🗆	12/	185
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BP			BURIAL, CREMATION, REMOVA	DEC .		DUNM		23d. LOCATION CITY OF TOWN DUNMORE	LACKA		STATE
DHMH - 16 50M 4/8	2	24	RANCISION. BA	RBER	ADDRESS	2	0879 250. DA	TE REC'D. BY REGISTRA	R 25b. REGISTRAI	R'S SIGNATURE	
(VRA 15, 4)			POBOX	998 Tu	AYTONSVI	LLE.	MD. DF	C 6 1982	the.	Q. Calin	1

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FRANCIS J. COLLINS

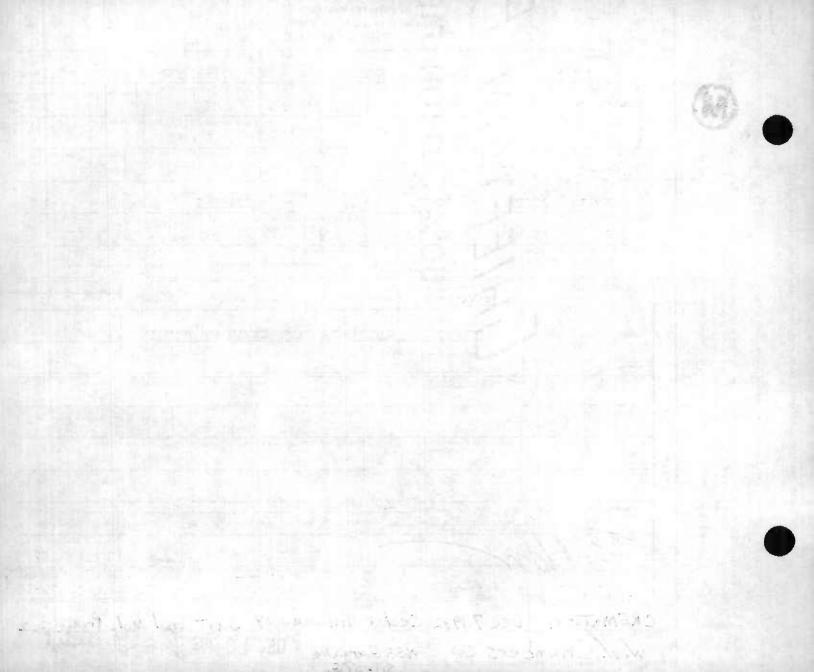
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		We will be the second	1313	1121/31
	10217 KINCEMOOR 1 INE STL. SPG. KN. 200			MA

CDENVILON DEC. \$0, 1982 NELIGOPOLITIES CLENVILON (LEXANDELY NY EXPINATE TO COLLINE SILVE NO. 1860)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR



1	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH		8 2 REG. NO.	3	2 /	8 3
8 3 nd		EASED NAME	Woodr		F.		Strong		/26/82	DAY DAY	YEAR	4:57pm
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be execution and control of the cont		AS DECEASED EVER I S. NO OR UNKNOWN) YES	(IF YES, GIVE V		577-09-		son, Robe	316 JH	WHY Phor	le .301	G49104	19529902
DIVISION OF VITAL RECORDS, 201 W. PRESTON 51, BA ING PHYSICIAN: The low requires that the death certificate r attending physician. Then this certificate has been signed by the attending physic os the buriol-transit permit. Then please remove carbon pape th and Memal Hygiene prior to buriol, cremation, or removal orked or them 18 shows any injury, or other traumatic event, the		Conditions, if ony, gove rise to imm couse (0), stoting underlying couse	which ediote the lost.	BY: CAUSE (o)  DUE TO, OI  (b)  DUE TO, OI  (c)	POUTE PAS A CONSEQUI RAS A CONSEQUI	My O ENCE OF SCIER	cardial otic h	eart	arction diseas		Tm	10 yrs
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P.A., Rockville, Maryland

(VRA 15, 4)

STATE OF MARYLAND

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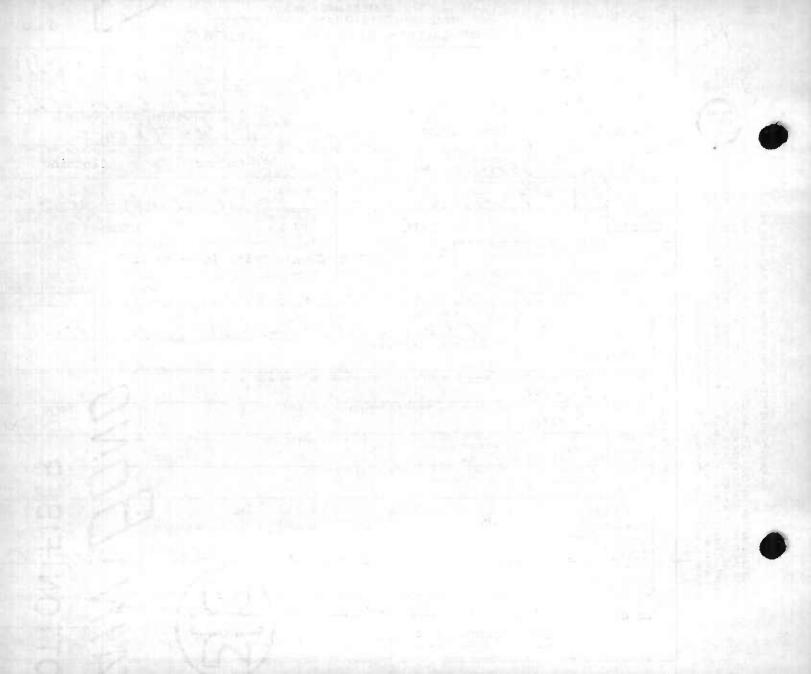
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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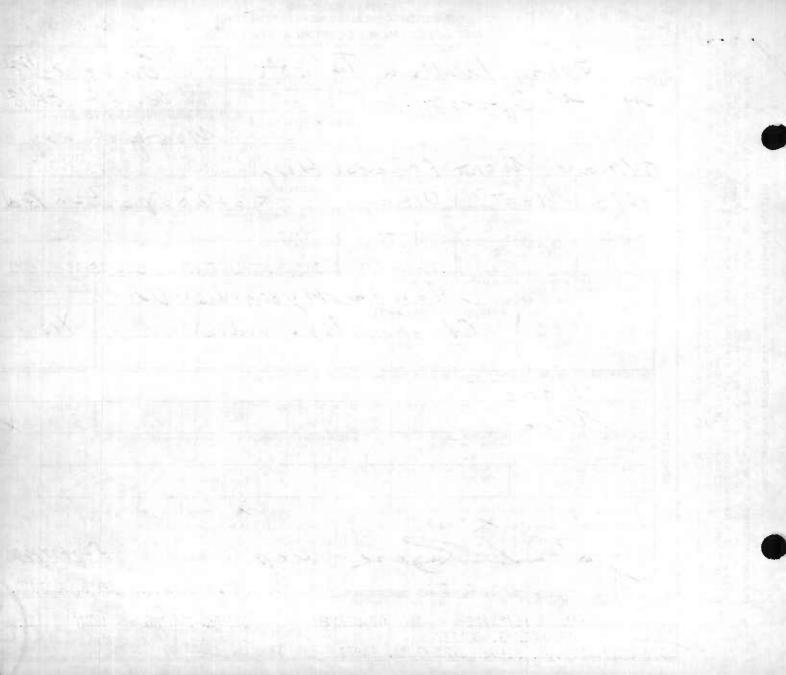
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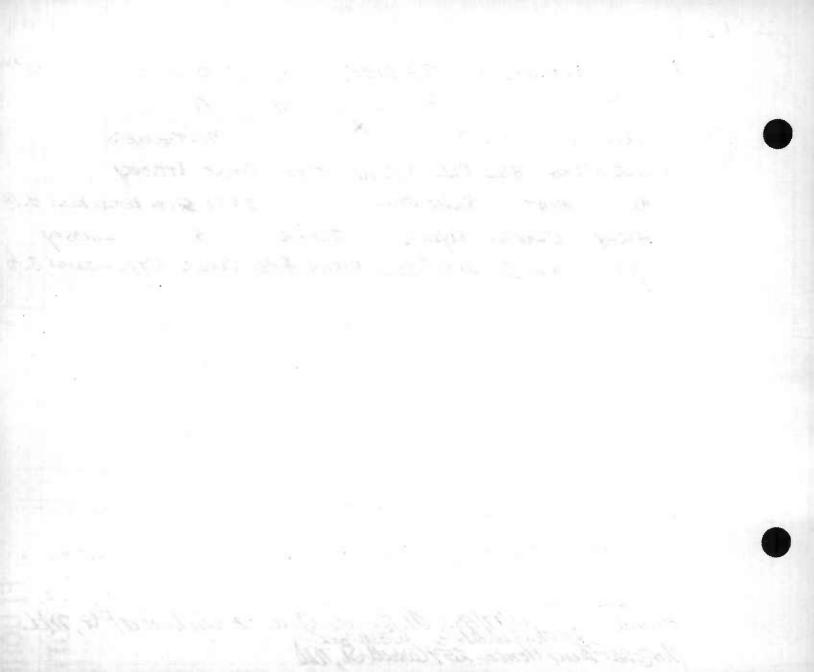
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	URS AFTER DEATH.  8. GIVE PAGES 1, WITH FORM PM. II. PAGES 1 AND 2, DIVISION OPWIT,									
E	HOURS M 18. G JG WII SMIT. P NE, DIV		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSE)		or (a), (b), and (c).)	121		1 = 1/ "	7 ,4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N N	IIN 24 HOUF IN ITEM 18. 2 ALONG W SIT PERMIT. HYGIENE, D MOVAL.	15		TE CAUSE (a)	10 wee	ruyo	C21/0	les 6	-/1/04	
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os,			PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	UT NOT RELATED TO THE TERMIN	AL DISEASE DE CONDITIO	N GIVEN IN PART 1 (a)			
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ō	SAR	MEDICAL			19	24				
N N	CERTIFING 1 DED TO 3 SHO DEPAR 1 PRIOR	9	214 INJURY OCCURRED WHILE NOT WHILE		FINJURY (AT HOME, DRY, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUN	NTY STATE
۵	WRI WARE PAGE TATE 2120	-	AT WORK AT WORK							
	INER: THIS CERTIFICATE SHOUD FICATE, WRITING THE WORD, "FER E CORWARDED TO THE CHIEF A TOR: PACE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C		22a. I certify that I took charg	e of the remains desc	rihed above, held on	Autopsy .	Inspection D	Inquiry .	and in my apir	nion
	EXAMINER: CERTIFICATE JLD BE FOR DIRECTOR: WITH THE SARYLAND.			DA	Accident . Suic			etermined monner	7	11011
	EXAMI CERTIFIC JLD BE DIREC WITH AARYL		death resofted fram: Natur	roredoses LLJ;	Accident L., Suic			erermined monner L	_,	
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	TO MEDICAL EXAMINER: TEXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BATTIMORE, MARYLAND, 2	10	(TYPE ORDINAL)			ADDRESS_	1000	AC-VICE-		
	- W - C - C - C - C - C - C - C - C - C		Burial I	Dec. 23,19	82 Beth Day	d Cemete	YY E	mont, New	Yorkount	TY STATE
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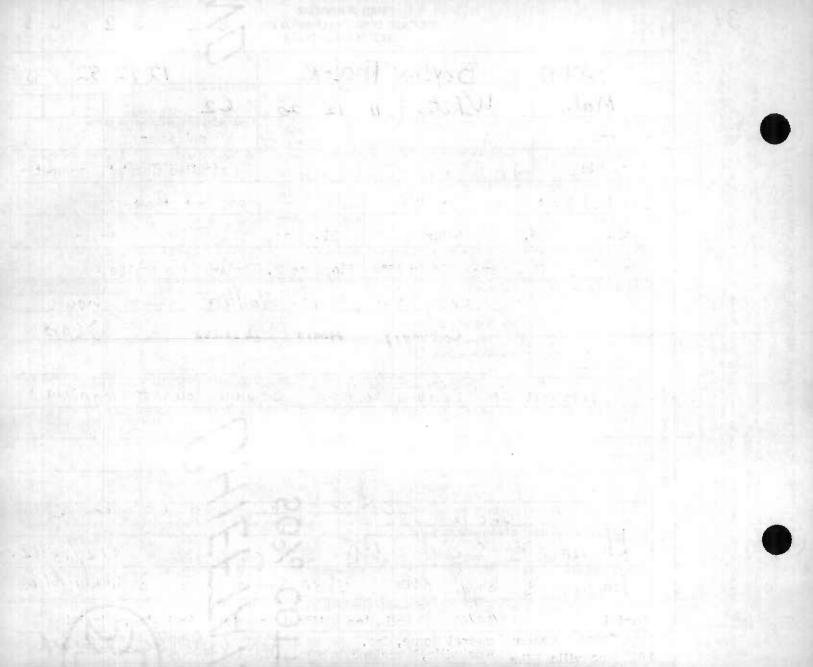
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN A MONTH LITYPE OR PRINT) ESTI-John DEATH MATED 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE OF BIRTH DATE PRONOUNCE DEAD 7a. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND DIVORCED II. CITY OR TOWN OF DEATH PRINTER TRANSIT 2083 In STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST LAST GEORGE GATES ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? SAME AS 18 CAUSE OF DEATH (Enter only one cause per line for (a) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR U OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK GE 4 SHOULD BE FOR FUNERAL DIRECTOR: 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram: Notural causes Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, BALTIMORE, M **ACTUAL** EXAMINER'S NAME (TYPE OR PRINT) **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURTAI GATE OF HEAVEN MONT 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR FRANCIS J. AGGILLINS **DHMH - 17** (VR A15 ME (5)) 500 UNIV BLVD. W. STIVER SPRING, MD. 20901 20M 4/82



f 42	Ŀ	FOR STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2 / 8 8
by be age 3 death	I DE	CEASED NAME PRIST ALFA		TYLOR	15 Dec 8 2	YEAR 25. HOUR 12: 20 M
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d de	9	Mary LIND	U.S.A	MARRIED NEVER MARRIED   WIDOWED DIVORCED	MONT GOME	
o o o o o o o o o o o o o o o o o o o	5	LVER SPRING	BEL PRE	VORSING HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) PATENT ATTICNE	176. KIND OF BUSINESS OR INDUSTRY
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be execut		VAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE '	MAR OR DATES   166 SOCIAL SECU	RITY NO. 17 INFORMANT, MARION HING	ES TAYLUR, 3373	
physicia in papers emaval event, the		PART I. DEATH WAS CAUSED	y one couse per line for (o), (b), on BY E CAUSE (o)	5 = 6513		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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NG PHYSICIAN. The law requires that the citerature physician.  Mer this certificate has been signed by the or sist the burial-transit permit. Then please remains and Mental Hygiene prior to burial, cremating and Mental Hygiene prior to burial, cremating and mental 8 shows any injury, or other tre		gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF Cerebral A	atherosclerosis	-okes Year
equires to signed. Then ple to buria	NO Q	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION GIVEN	IN PART 1(0)
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Z X CO O T 8		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH D, P.M.	YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18, PAR'	T 1 OR PART 2]
NG PHYSICIA r ottending p After this certif as the bundi- lith and Mental arked ar them	MEDICAL	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
TEND to los or use f Heal		270.1 certify that (1) (this hospite saw the deceased alive on above, (1) (we) (did) (did not	5 Bec 19	5 ond that im (my) (our) opinion	death occurred on the date and hour of	
the haspinal DIRECTA To DIRECTA The DIRECTA The Dept of The Dept o		276. SIGNATURE	wo A. Bele	DEGREE ATTENDING	MEDICAL STAFF	15 Dec 8
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2 € 2 € \$ <b>3 4</b>	13a	SURIAL GREMATION REMOVAL	12/17/1982 A	AME OF CEMETERY OF CREMATORY	234 LOCATION CITYON TOWN	DG my
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D & \$ \$ \$	23a.	BURIAL, CREMATION, REMOVA	23b. DATE 23c.				on, Wirgi	nia STATE
- 16 50M 4/82 RA 15, 4)	24. [	FUNERAL DIFFGISON When	eler Funeral Hom	ie, Inc.	25e. DAT	TE REC'D. BY REGISTRAR TO RE		week.
(VKA 15, 4)		1331 Rockville	Pike Rockville,	maryland 2085	04 11	-41		



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for of H			sow the deceased alive	26DEC	ofter death. 8/2	, or	d that in (my	) (our) opinion (	death accurred on the d	ate and hou	ur and from the	couses sto
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be di			274 PAYSICIAN'S NAME (T	YPE OR PRINT)		(1) - i	22e. ADDRE			-		
should b			M.R. MC	MILLAN LI	r. MC USNE	3	Bethe	esda, Ma	ryland		1	24
F 0 3 ≤		23a. E	URIAL CREMATION, REMO	23b. DATE 12-30-				CREMATORY	23d. LOCATION CITY OR TOWN	inat	n. Virgi	ST
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FOR

(VRA 15, 4)

STATE

DECEASED NAME

REGISTRAR

AN NESS CT. MCLEAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH N GIVEN IN PART 10 . IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES [ NO-TEM 18 PART 1 OR PART 2) COUNTY STATE 1982 , that (1) (we) last nd hour and from the causes stated ton, Virginia Arlington Funeral Home-Arlington, Virginia 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 DEC 3 0 1982

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO. 20. DATE OF DEATH MONTH

26 HOUR

126. KIND OF BUSINESS OR

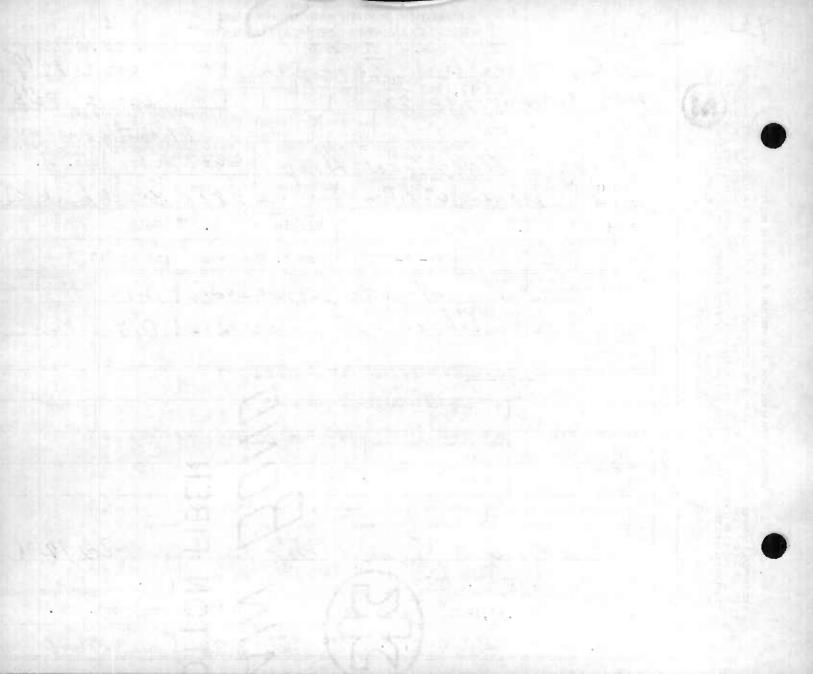
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F UNDER 24 HRS

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	STATE OF MARYLAND	
FOR	DEPARTMENT OF HEALTH AND MENTA	LHYGIENE 9 3 9 7 9 9
REGISTRAR ME	DICAL EXAMINER'S CERTIFICATE	OF DEATH REG NO.
DECEASED NAME FIRST CLIFFORD	MIDDLE W. THOMPSON	272 40 4000
(TYPE OR PRINT)	1. 71	OF ESTI-
CILLORA	W. homps	Delite in the w
SEX SEX MONMAY DAY	7 . 194 2 LAST BIRTHDAY) MONTHS DAYS HOURS	
Male Withay/7	12 70 YRS.	DEAD DOC 12 1982 6.M
a. BIRTHPLACE (STATE OR 7b. CITTZEN OPW	HAT COUNTRY?	9. BALTIMORE CITY OR COUNTY OF DEATH
Virginia USA		
		120 USUAL OCCUPATION (TYPE OF WOW) 1126 KIND OF BUSINESS
E CO (IF NOT W SUCH F.	ACILITY, GIVE STREE ADDRESS)	Meter Repair Gas. Co.
SHALDESIDENES AS A CO	17 CVOUS HOSP	never heparr das. oo.
	13d. INSIDE CITY LIMIT	S? 13e. STREET ADDRESS
MA Mont	ON UP YES NO	2 280 & Beach bank Ry
	IS. MOTHER'S MA	
William A. The	ompson Virgie	M. MIDDLE Belt
MAS DECEASED EVER IN U.S. ARMED FORCES?		ADDRESS
(YES, NO, OR UNKNOWN) [IEYES GIVE WAR OR DATES)		
18 CAUSE OF DEATH (Enter only one cause per line	e far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 - 7 - 1	4 cute Myo	CIVOL DIS.
1 4 6 11	AS ACONSEQUENCE OF	
Conditions, if any, which	chrenic Misso	22 Shall Dig Vice
	P AS A CONSEQUENCE OF	2121111
lying cause last.	A A CONSCOURNCE OF	
(c)		
	BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN II	N PART 1 (a),
1 sone		
190 DATE OF OPERATION 196 COND	ITION FOR WHICH OPERATION WAS PERFORMED?	2D AUTOPSY?
I // one		YES NO NO
210. EXTERNAL CAUSE WAS 21b. TIME O		
UNDERLYING OR HOUR A.A		
214 INJURY OCCURRED 121- PLACE		
WHILE NOT WHILE STREET, FAC		CITY OR TOWN COUNTY STATE
AT WORK AT WORK		
226. I certify that I taak charge of the remains de	escribed abave, held an Autapsy Inspe	ction Po Inquiry and in my opinion
death resolved from. Hallord Causes - F	-2	
ACTUAL / D	, IIILE (SPECIFY	DATE/2 /9/9/1
DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR  MEDICAL EX AMINER'S CERTIFICATE OF DEATH  REGISTRAR  I. DECEASED NAME (1995 OR RINK)  I. SEX  L. RACE  DATE OF BIRTH  MODEL W. THOMPSON  I. SEX  L. RACE  DATE OF BIRTH  MODEL W. THOMPSON  I. SEX  L. RACE  DATE OF BIRTH  MODEL W. THOMPSON  I. SEX  L. RACE  DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  L. RACE  J. DATE OF BIRTH  MODITAL OF MARKED  J. SEX  MODITAL OF MARKED  J.		MEDICAL EXAMINER SIGNED
EXAMINER'S NAME DD TOTAL O	DOCEDE	TIVED SDDING MD
(TYPE OR PRINT) DR. JUHN S.	ADDRESS	
(SPECIEV)		Gatthersburg Mont, Md. STATE
BURIAL Dec. 15,19	82 Forest Oak	Gaitnersburg Mont. Md.
		TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
3 3 3 4 4	DECEASED NAME  (TYPE OR PRINT)  SEX  4. RACE  S. DATE OF BIRTHMONMAY DATE  TO CITYPE OR PRINT)  VIRGINIA  10. CITY OR TOWN OF DEATH  SUSA  SUSUAL RESIDENCE (IF MINURS FOR HOME OR OTHER INSTITUTION, OR DEATH  11. NAME OF HOLE  (IF NOT DESICHE  FIRST  WILLIAM  A. DOLE  Th.  60. WAS DECEASED EVER IN U.S. ARMED FORCES?  (YES, NO, OR DIMKNOWN)  YES  18. CAUSE OF DEATH (Enter anly ane cause per lin  PART 1 DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which  gave rise to immediate  cause (a) stating the under-  lying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  19a DATE OF OPERATION  19b COND  21d INJURY OCCURRED  WHILE  AT WORK  AT WORK  220. I certify that I toak charge of the remains de  death resulted fram: Natural causes  STREET, FAI  ACTUAL  STREET, FAI  ACTUAL  STREET, FAI  ACTUAL  STREET, FAI  ACTUAL  SUSCEPPINAL CREMATION, REMOVAL 23b. DATE	DEPARTMENT OF HEALTH AND MENTA  MEDICAL EXAMINER'S CERTIFICATE  DECEASED NAME    FIRST   CLIFFORD   MIDDLE W. THOMPSON    SEX   A.RACE   S.DATE OF BIRTH   MONMAY DIPT, 1912   LAST BIRTHAY   MONMEN DIPT, 1912   LAST BIRTHAY   MONDIES   DAY'S BOURT   SERVEN CAUSED BY:  USA   M. FATHER'S NAME   MODE   MODE OF OTHER MISTITUTION, GIVE RESIDENCE BY STREEM DORESS)  USUAL RESIDENCE IS BURNEY OF MONE OR OTHER MISTITUTION, GIVE RESIDENCE BY STREEM DORESS)  USUAL RESIDENCE IS BURNEY OF MONE OR OTHER MISTITUTION, GIVE RESIDENCE BY STREEM DORESS)  USUAL RESIDENCE IS BURNEY OF MONE OR OTHER MISTITUTION, GIVE RESIDENCE BY STREEM DORESS)  USUAL RESIDENCE IS BURNEY OF MONE OR OTHER MISTITUTION, GIVE RESIDENCE BY STREEM DORESS)  USUAL RESIDENCE IS BURNEY OF MONE OR OTHER MISTITUTION, GIVE RESIDENCE BY STREEM DORESS IN MID ON THE STREE



1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE DEGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH									3 2	7	9	3
	REGISTRAR ECEASED NAME (PE OR PRINT)	FIRST	MED	MIDDLE	LAST	IFICATEC	DEAT	DATE OF	REG. I		DAY	YEAR	2b. HOUR
1.5E		Prest	5. DATE OF BIRTH	YEAR LAST BIRTHE	ARS IF UNDER I			DEATH DATE RONOUN DEAD	MATED	MONTH	DAY	9 82 YEAR	24 HOUF 4:49
Jorg	SIRTHPLACE (STA OREIGN COUNTRY)	Black TE OR Md.	June 14, 76. CITIZEN OF WH U.S.A	AT COUNTRY?	T o	NEVER MARR	HED X	BALTIM	ORE CITY	OR COUN	TY OF DI	1982 ATH	la w
9	Poolevi	F DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE 14755 SUC	PITAL, NURSING HOM ILITY, GIVE STREET ADDRESS) Janland Roa	d		12a USUA FOR MC	l occur ost of wor bore	ATION (1	TYPE OF WORK	12b KIN	D OF BUI	SINESS
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7		loward Th		LAST			Mary E					AST	
160 \	WAS DECEASED YES, NO, OR LINKNOW NO	N) (IF YES, GIVE V		Unknown		formant lary Ett	a Tho	rnto	n (Mot	\$2940 ther)S	11.	eck Spri	ng,Ma
ERTIFICATION	gave rise cause (a) st lying cause		(b)	AS A CONSEQUENCE  AS A CONSEQUENCE  UT NOT RELATED TO THE TERN	OF	IDITION GIVEN IN PA	ART 1 (a .						
CERTIFICATION	19a. DATE OF C			on for which ope			,				YE	JTOPSY?	NO []
MEDICAL CE	21d. INJURY OC WHILE	XOR G ☐ CAUSE OF D	21e PLACE O		2 House	traile S Sugar	r fir	CITY OR TOV	wn	CO	OUNTY	n+	STATE
1	22a   certify death resulted	/ /	of the remains desc	ny phone, petd on	Autopsy X		un , Undeter	Inquiry mined mo	nner _	and in my a			
4	EXAMINER'S N (TYPE OR PRINT	AME Th	omas D. Sr	mith, M.D.	ADDRE	ss	Penn	St.	Ва	Ito.,	MD.		
							7.7						
(	BURIAL, CREMATION BURIAL SPECIFY) Buri	on, removal 2	12-16-82	Ash Men shington St lle, Md. 20	prial Ce	emetery		indy		ng, Mo			ATE

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STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN D (TYPE OR PRINT) ESTI-DEATH MATED George Titus 1 SEX 4. RACE A AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 80 RITHDAY PRONOUNCED Male 1082 White DEAD To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED New ork DIVORCED Montgomery
12g USUAL OCCUPATION (TYPE OF WORK 10 CITY OR TOWN OF DEATH BE PILED, 11. NAME OF HOSPITAL NURSING HOME. OR OTHER INSTITUTION 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Advertising Bethesda Suburban Hospital
USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM Bethesda WIMP 30 STATE 13d INSIDE CITYLIMITS? 13e STREET ADDRES BETHESDA MD 14. FATHER'S NAME AND 2 15. MOTHER'S MAIDEN NAME MIDDLE FIRST William Titus Halliday GIVE PAGES Amy 17. INFORMANT ADDRESS Chevy Chase, Md. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. DIVISION IYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 578-09-9383 Roger W Titus. 4200 Oakridge Lane. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL INFANCTION MYUCARDIAL ACUTE IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which ARTERIOSCLEROSIS CORONARY gove rise to immediate couse (a) stating the under-DUE TO OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 196. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD "P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES 🗌 NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HONE MONTH DAY OR NG. 251982 COLLAPSED CAUSE OF DEATH P.M. LAT HOME 21f. LOCATION 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) NOT WHILE AT WORK 5101 RIDGEFIELD BETHESDA AT WORK Autopsy 22a I certify that I took charge of the remains described above, held an ond in my opinion EXAMINER'S NAME TAYLE 8200 WISCONSIN (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY Bealsville (SPECIFY) Maryland. 12/28/1982 Cemetery Monocacy DEC 2 9 1982 256 REGISTRAR'S 24 FUNERAL DIRECTOR Joseph Gawler's Sons Inc. **DHMH-17** 5130 Wisc. Ave. N.W. Wash. D. (VR A15 ME (5)) 15M 2/80

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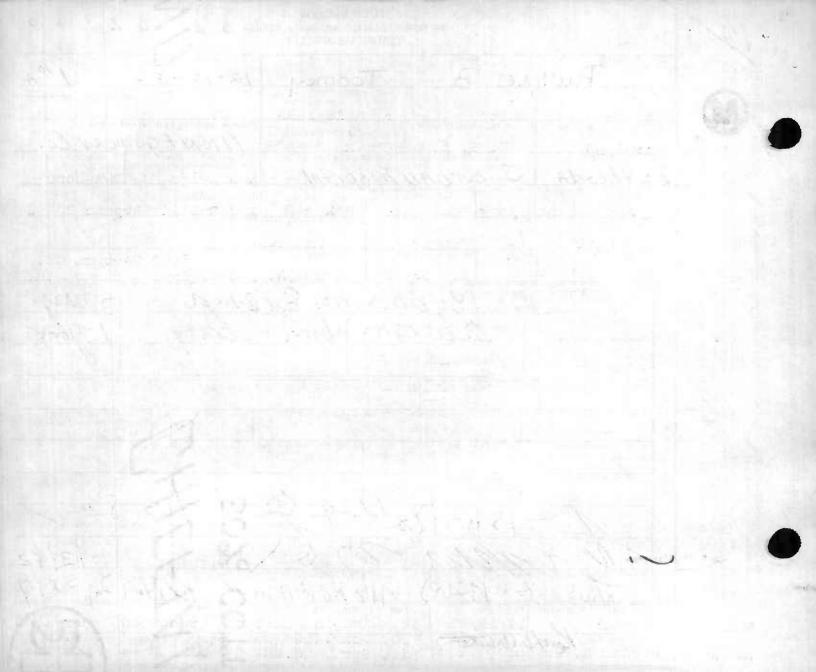
Syd-D9-7505 Royer W Titum. 4200 Cakeline Lane,

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uricl 12/28/1982 homococy semetary conteviling baryland.
Joseph newler's Sons Inc.
Fig. 1 c. v., H. . ach., L. C.

DHMH - 16 50M 4/82 (VRA 15, 4)

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1 - STATE		DEPART		EALTH AND MENTAL H	IYGIENE 8	2 3	La !	1
REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO.		
I DECEASED NAME	FREEZ	MEDIE	200	#AT	2s. DATE C	F DEATH MONTH	DAT TEAR	7h HOUR
+	auline	B		oomeu	12-	12-82	1	10
1. SEX	4. RACE			OF B漱TH	4. AGE IN	YEARS LAST BIRTHOAT)		HOURS I
Female	White	0	6	16 1895	8	7 YES	movins Days	HOURS
Ju. BIRTHPLACE (STATE COUNTRY)		F WHAT COUNTRY	7 1	D NEVER MARRIED	1 RALTIM	ORE CITY OR COUNT	Y OF DEATH	-
	U.	S. A.		DIX DIVORCED		TON+ QU	MERY	Co.
IN CHY ON OWN OF	EATH 11. NAME O	F HOSPITAL, NURSI	ING HOME	OR OTHER INSTITUTION		OCCUPATION AN FOR MOST OF WORKING	12h KIND OF	and Edward Street
Be thes	dA Su	burbAN		50/4A/	100 to 0 miles of 100 to 100 t	ewife	Own He	ome
USUAL RESIDENCE IV	1136 COUNTY		ME ADMISSION)	134 INSIDE CITY LIMITS		Per Great	101111	VALLE
Md.	Montgomer			YES X NO		Rollins	Avenue	208
14. FATHER'S NAME	The state of the s	- Leading Control of the State	- ALAKS	15 MOTHER'S MAIDEN	NAME		PICK-WANDING A	400
Rober	+ MEGLE	Bovis		Unkno	wn	WIDDLE	1450	
164 WAS DECEASED EV	ER IN U.S. ARMED FORCES	? THE SOCIAL SEC		17. INFORMANT	MAA.	ADDRESS 2	Rayburn	Ch
NO DE UNENDAME	(# YEL ONE WAR OR DATES)	5.78-52	-024	Joseph A	Toom	ey Camp	Carina	- Mo
	ATH Comments and an arrangement	-	Name and Address of the Owner, where the Owner, which is the	OOSCOLL	-	ey camp.	APPROVING	ATE PUTERS
PART I DEATH	ATH Enter only one course of WAS CAUSED BY:	10110	MA	1 111	bam	1	MIWHINE	STEP AND S
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saw the dece	ased alive on	dy after death.	10	ed that in my) (auc apini	on death accurr	ed on the date and ho	or and from the co	ouses stat
276. SIGNATURE	. /	1 //	-	DEGREE!	1		22c DATE \$1	IGNED -
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160	15 0	1/1/1/1	VII	D AN POIT	MA 16	11/19	1 count	1
33s. BURIAL, CREMATIO		CHARLES IN	NAME OF C	EMETERY OR CREMATOR		ATION	# OUNTY	_£, T.
Burial	1/ 12/1	Mary of Court of Court of the C		incoln Cem		Brentwo		ryl
24 FUNERAL DIRECTOR	Keakly (InC	ake I	.0.			REGISTRARITS PERSON	TRACS SIMMAPO	
Warmer E	. Pumphrey	, Incom	Sil.	Spr., Md.	EU 10	1306 /0	ange W	MARKA



Homes, P.A., Bethesda, Maryland

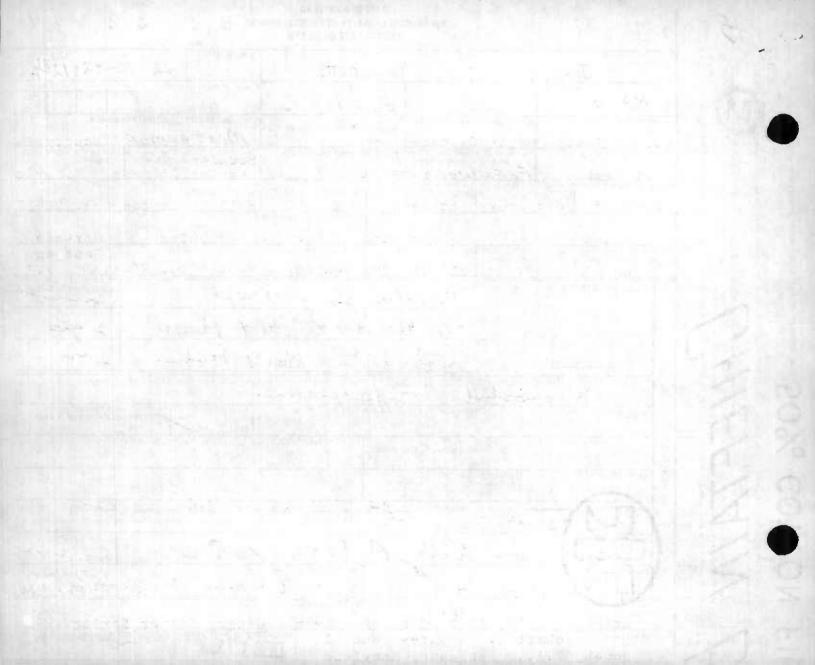
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)



(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH 26 HOUR RANCES AGE (IN YEARS LAST BIRTHDAY) AUG 30, 1920 AR FEMALE CAUCASIAN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WASHINGTON, D.C. WESTERN RAILROAD MONTGOMERY 13d INSIDE CITY LIMITS? 36500 SWEETWATER DRIVE MARYLAND 20855 YES V NO F 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLETON ROY GRACE BEALL 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT (YES NOOR UNKNOWN) (IF YES, GIVE WAR OR DATES) 578-14-4048 CAROL J. SWARTZ SAME AS 13 GOD-DAUGHTER APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) PART I. DEATH WAS CAUSED BY una carcinoma DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO T 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21f LOCATION 21e. PLACE OF INJURY COUNTY STATE HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN NOT WHILE 22a. I certify that (1) (this haspital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated GREE 22¢ DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS MPORT 230 BURIAL, CREMATION, REMOVAL 23b DATE 23¢ NAME OF CEMETERY OR CREMATORY "burial WASHINGTON, D. COC. 12/8/82 GLENWOOD CEMETERY 24 FUNERAL DIRECTOR FRANCIS J. COLLINS 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

Hantgenery received Shady Grove Hutel Tatter

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

MPORTANT: If Item 21 is marked or Item 18 shaws ony

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	STATE REGISTRAR				CERTIF	ICATE OF	DEATH		REG. N	10.	0 4		7 7
	EASED NAME	FIRST		MIDDLE		LAST		20 DAT	E OF DEATH	MONTH	DAY YEAR	2b HC	OUR /
(TABE)	OR PRINT)	Celia		G.	7	[urrel	1	Dec	ember :	22, 1	L982	No	ON-M
3 SEX	Land Mile		4 RACE		S. DATE C			6 AGE	I IN YEARS LAST BI	RIHDAY	IF UNDER I YEA		DER 24 HRS
	Female		Cauca		March	18, DAY			83	YRS		HOUR	MIN.
39 BIR	THPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVE	R MARRIED !	9 BALT	IMORE CITY O	OR COUN	TY OF DEATH		
	lchigan	No. 19	United	States	WIDOW		DIVORCED [	Mo	ntgome	ry Co	ounty	15	MD.
	y or town of tockville	DEATH		HOSPITAL, NURSIN HEACHLY, GIVE STREET, Drake Dri		OR OTHER IN	ISTITUTION	HO HO	JAL OCCUPAT WORK FOR MOST OF memaker	OF WORKING		Υ	NESS OR
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14 FA1	THER'S NAME			7		15. MOTHE	R'S MAIDEN	NAME					
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Ián W	AS DECEASED EV			166 SOCIAL SECU		17 INFORA	nelia_		1 / AOA9	ESS	Weiten	bern	er
(YE	S NO OR UNKNOWN)		E WAR OR DATES)								ke Driv		
	No			371-46-7	625	Robei	rt D. I	leckle	, Rocky	rille	, Maryl	and  XIMATE IN N ONSET A	
	4340 Conditions, if a gave rise to cause to strunderlying co	iny, which immediate ating the use last.	DUE TO, OI	R AS A CONSEQUE	ENCE OF	ut	ral /	clo	Bi	<i>Q</i> `	Sev	eras Craf	ylar
RTIFICATION	W DATE OF OPE	yclo	196 CONDI	ONTRIBUTING TO	Ars	OUS DERI	FORMED	20n yes	NO IX	100 IF IN CER	YES WERE FIND THE WAY G CAUSE	INGS US ES OF DE NO	ATH?
	21a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER NOTIFY N	CAUSE OF DEA	0.15	M. MONTH DA	AY YEAR	21c HOW	INJURY OCC	URRED (ENT	ER NATURE OF INJU	JRY IN ITEM I	18 PART 1 OR PART 2)		
MEDICAL	21d. INJURY OCC		21e PLACE		19	71f LOCA	TION						
	WHILE NOT	WHILE WORK		EET FACTORY OFFICE F	ARM, ETC )	STRI		. (1	CITY OR TO	NWC	COUNTY		STATE
	22a 1 certify that	(this haspi	tal) attended the	beceased from 19 5	17	nd that in (m	19	on death acc	urred on the d	ate and h	19 82		( <del>we</del> ) last
	226 SIGNATURE	pole	W/1-	Raly	m	DEGREE			CAL STA		Dece 22	mber 19	82
	22d PHYSICIAN'S	NAME ITYPE C	R PRINT)	//		27e ADDR	ESS 5652	Shie1	ds Driv	ve			

Michel M. Healy, M.D. 23a. BURIAL, CREMATION, REMOVAL

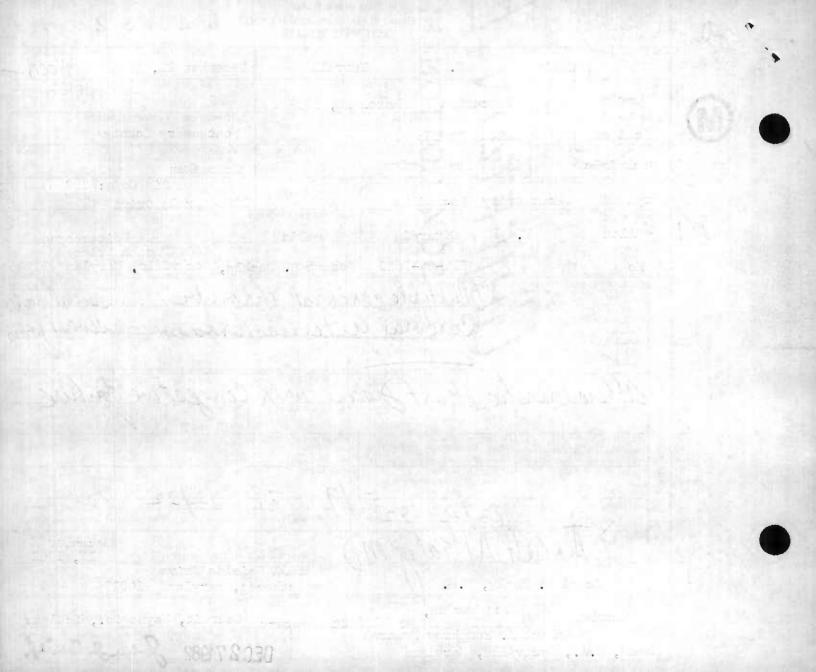
Bethesda, Maryland

20817

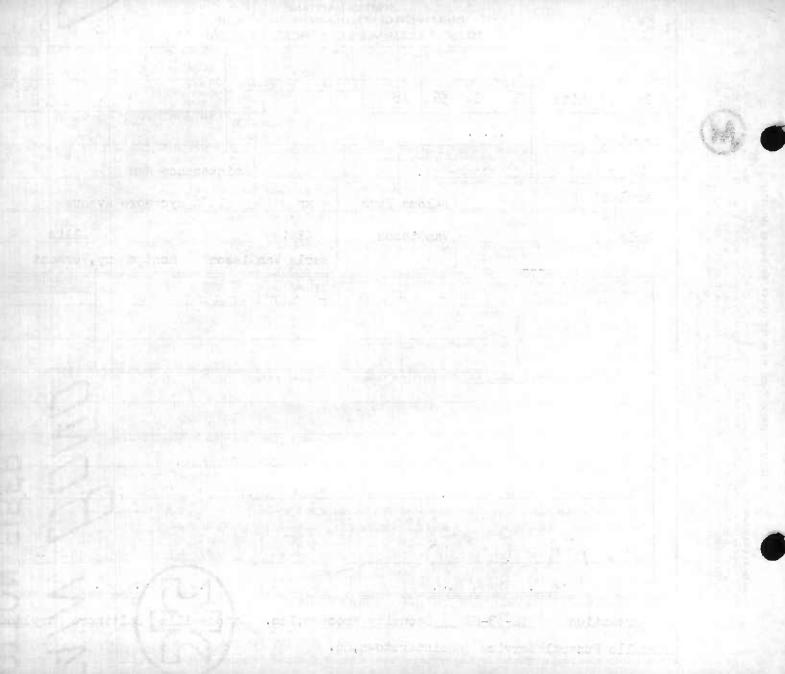
230 NAME OF CEMETERY OR CREMATORY December 24 (SPECIFY) Burial Robert A. Pumphrey Funeral 250. DATE

Detroit, Wayne Co., Michigan

Homes, P.A., Rockville, Maryland



1	FOR				EPARTMENT OF	HEALT	H AND MENTAL I	TYGIENE	.)	-2 1	2 2 1	7 0	
Ι,	- STAT	STRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									
	DECEAS	ED NAME	FIRST		MIDDLE		LAST	20 DA	TE KNOWN	HINOM	DAY YEAR	2Ь. НО	
	RAYMOND VAN GIESON DEATH MATED									☑ 12-7	/8 19 82		
3 5	EX	4 RA		5. DATE OF BIRTH	& AGE IN	YEARS IF U	NDER 1 YR. IF UNDER		ATE	MONTH	DAY YEAR	7d_HO	
1	Male	Wh	nite	3 <sup>NTH</sup> 24	56 26	YRS.	THS DAYS HOURS		OUNCED	12	9 1982	)   Z:	
16.	BIRTHP	LACE (STATE OF		76. CITIZEN OF WH	AT COUNTRY?	8. MADE	RIED NEVER MARR	P. BA	LTIMORE CITY	OR COUNT			
2		vland		U.S.A.			WED DIVORG		ntgomer	ry Cou	intv	٨	
10	CITY O	TOWN OF DI	ATH		NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION     (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)     FOR MOST OF WORKING LIFE)								
	Sil	ver Sp	ring	932 Wayne	lan	OR INDUS	IKI						
130	UAL RES	IDENCE IN IN	136 COUN	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)									
	Mar	yland	100 0001		Takoma Pa		YES XX NO		106 Sycamore Avenue				
j4.	FATHER	'S NAME		WIDDLE	LAST		15. MOTHER'S MAID		MIDDLE		LAST		
-	Mer				VanGiesor	1	Elsie		MODIL		Ellis		
l éa	WASE			MED FORCES?	166. SOCIAL SECUR		17 INFORMANT		ADDRES				
		NO	IN TES, GIVE	war Or Dates)			Merle Var	Gieson	Mont	gomer	y, Vermo	nt	
=	18 (	AUSE OF DEA		ly one cause per line	far (a), (b), and (c).)						APPROXIMA BETWEEN ONS	TE INTERVAL	
		PARTIDEATH		D BY: TE CAUSE (a) St	narp force	cran	io-cerebra	l trauma			BETWEEN ONS	ETANDUEA	
	-	1682	PANCOIA		AS A CONSEQUENCE								
		Conditions, if	any, which	(b)									
		couse (a) statir	g the under-		AS A CONSEQUENCE	OF							
		lying cause las	t.	(6)									
		2 OTNER SIGNIFICA	INT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL OISEA	SE OR CONDITION GIVEN IN PA	RT 1 (a).					
MEDICAL CERTIFICATION	10		A TION!										
CA	5 140	DATE OF OPER	MOITA	196. CONDIT	ION FOR WHICH OPE	KAHON	WAS PERFORMED?			20 AUTOPSY	1?		
PTIE		TATE DALLE CAL	105 14/40	20) 70:5		T-					YES K	NO [	
CE	ZIO	ERLYING D		216 TIME OF HOUR A.M.	MONTH DAY YEA	AR 21c. H	IOW INJURY OCCURRE	D LENTER NATURE	OF INJURY IN ITEM 1	8 PART 1 OR PAR	RT 2}		
ICA N	CON	ITRIBUTING [	CAUSE OF		12-7/8 198	2 Su	bject stru	ck on he	ad.	HALLO		1000	
ZED	21d. WH	NJURY OCCU		STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		OCATION STREET		OR TOWN	col	UNTY	STATE	
	AT V	VORK AT	WORK 5	blo	dg.	93	2 Wayne Ave	e., Silv	er Spri	ing, M	lontgome	ry, Ma	
		20 I certify tha	t I toak chorg	ge of the remains desc	ribed obove, held on	Autaj	psy X), Inspectio	n , Ing	uiry , o	and in my op	oinion		
		oth resulted fro				vicide	, Hamicide X	Undetermine					
			An	OK	~		TITLE (SPECIFY)						
	ACT SIG	HATURE /	11/	M	XDV		A.D. Assistan	MEDICAL E	YAMINER	DATE	12-10	)-82	
1		1	0.0	00/									
	EXA.	MINER'S NAME OR PRINT)	Ann M	. Dixon, N	M.D.		ADDRESS 111	Penn St.	, Balto	o., Md	1. 21201		
230	BURIAL	CREMATION			23c NAME OF C	EMETERY (		23d LOCATIO		COUP		STATE	
	(SPECIFY	rematic	n	12-13-82	Securi	tv Pr	ocess.Inc.	Catons	ville		more Ma	011110	
	FUNER	AL DIRECTOR				100	250 DATE	REC'D. BY REGIS	STRAR 25h. REC			.,	
M	arzu	llo Fu	neral	Service	Reisterst	own, M	d. BFC	1 4.198	) Jal	an &	- Calvel	32	



	1.	FOR STATE REGISTRAR			DEPARTA	NENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 2	2 8	0 1	
e e e		CEASED NAME	FIRST HERYL	ANN VEL	ASQUEZ		AST	DECEMBER 12	2 1982	YEAR	8:32 P	
	3. SE	X		4. RACE		5. DATE		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	HE DAYS	IF UNDER 24 HRS HOURS MIN.	
		FEMALE		CAUCAS	IAN	JUL	Y 21 1954	28	YRS.	MS DATS	HOURS MIN.	
-00		IRTHPLACE (STATE OR FI	OREIGN .	b CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY O		DEATH		
n 72		MASSACHUSE	TTS	UNITE	D STATES						ME	
d within d within		ITY OR TOWN OF DEA		11. NAME OF H	OSPITAL, NURS IN	G HOME (	OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	26. KIND O NDUSTRY	F BUSINESS OR	
in by the filed		BETHESDA AL RESIDENCE (IF NURSI	NC HOME OF		L HOSPITA			HOUSEWII	AE .			
solid b	13a.		136 COUN		ROCKVI	N	YES X NO	13e. STREET ADDRESS 713 MONROI	E STREE	r, AP	г 102	
5 25	14. F/	ATHER'S NAME		AIDDLE	LAST		15. MOTHER'S MAIDEN NAM	LAS				
and and	1.	JAMES HENRY					MARILYN DORETHEA WILDER					
ond co	16a. \	WAS DECEASED EVER	IN U.S. ARA		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	SS			
Pages medica	1	NO NO OR ORKNOWN)	TIP TES GIVE	WAR OR DATES	028-46-	6353	LUIS VELASQUE	EZ,713 MONRO	DE STREI	ET, A	PT 102	
l by the attending phase remains are remote carban policy cremation, ar remote rather traumatic ever		18 CAUSE OF DEATH W  2796 Conditions, if ony, gove rise to imm cause (a), stating underlying couse	which nediate g the	DUE TO, OF	ENCEPHA.	NCE OF	E HYPOGAMMAGL(	DBULINEMIA				
Then ple ta bure	NO	PART 2 OTHER SIGN	IFICANT C	onditions <u>cc</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART I	,	
hos been permit.	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W IN CERTIFY IN YES	G CAUSES		
S certificate h burial-transit p Mental Hygiel ar frem 18 sha		21g. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM TO PART I	OR PART 2)	Naha Naha	
the and and ked o	MEDICAL	21d, INJURY OCCURR WHILE NOT WH AT WORK AT WORK	ate 🗀		EET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
for use as of Health		22a.1 certify that (1) saw the decease above, (1) (we) (d	d plive on.	DECEMBI	12 19	OCTOB 82	nd that in (my) (our) opinion of	toDECEMB	. 17		that (I) (we) last causes stated	
AL DIREC letoched ite Dept. T. If Hem		22b. SIGNATURE	les	1	ic ushi	2	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAF	F IAN	22c. DATE 14 DE	C 1982	
NERAL be det	1	22d. PHYSICIAN'S NA	ME ITYPE OF	PRINT)				L HOSPITAL,		MEDIC	AL COMMA	

DHMH - 16 50M 4/B2

IVES FUNERAL HOME (VRA 15, 4)

24 FUNERAL DIRECTOR

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

BURIAL

23b. DATE

H.L.REED, LT, MC, USNR

2847 WILSON BLVD. ARLINGTON, VIRGINIA

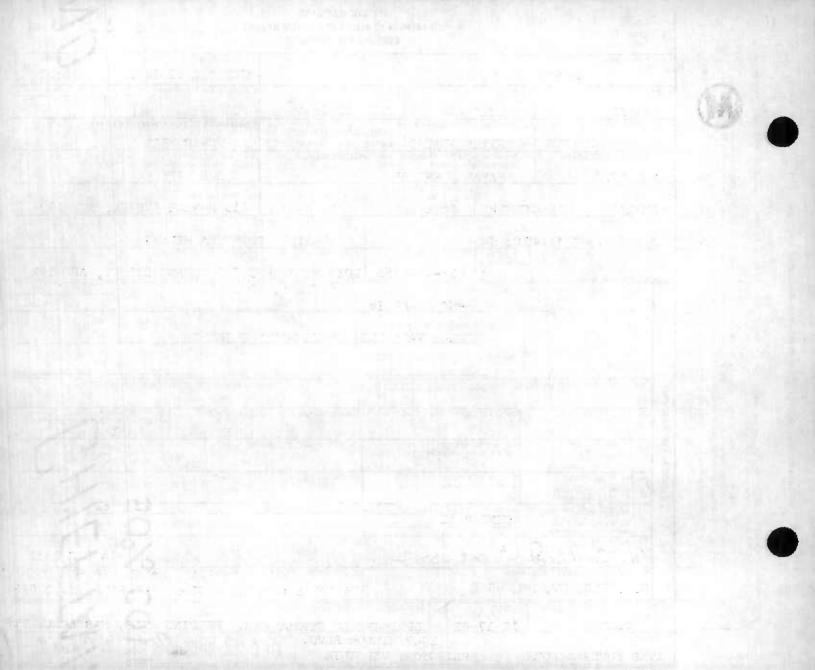
23c. NAME OF CEMETERY OR CREMATORY

SPRINGFIELD STREET CEN. FEEDING 1847 WILSON BLVD. 1250 DATE REC'D. BY REGISTRAR DEC 2 1 1982

23d LOCATION

NATIONAL CAPITAL REGION, BETHESDA, MD 20814

FEEDING HILS, MASSACHUSETTS



Robert A. Pumphrey Euneral Homes

Bethesda, Maryland

- STATE

DHMH - 16 50M 1/81 (VRA 15, 4)

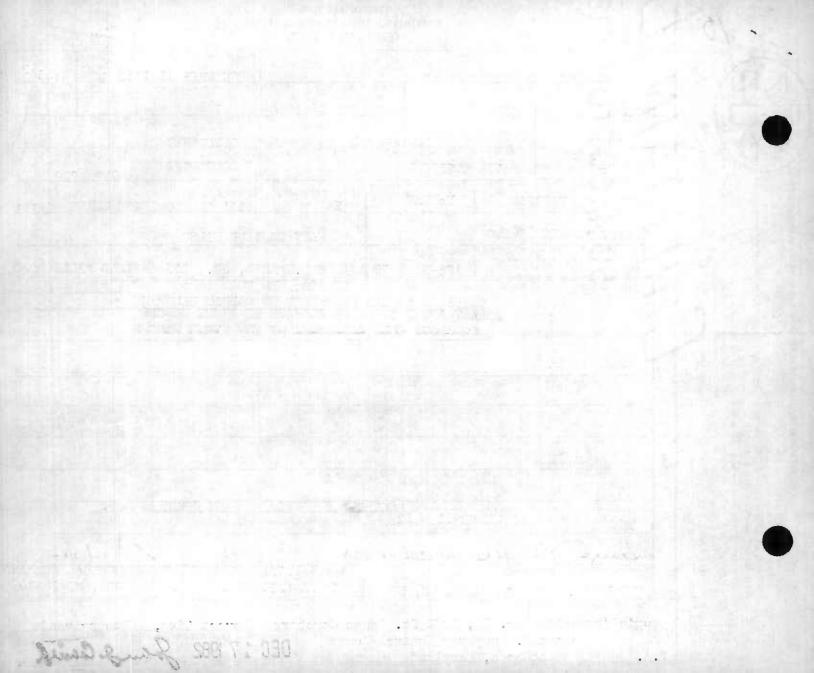
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

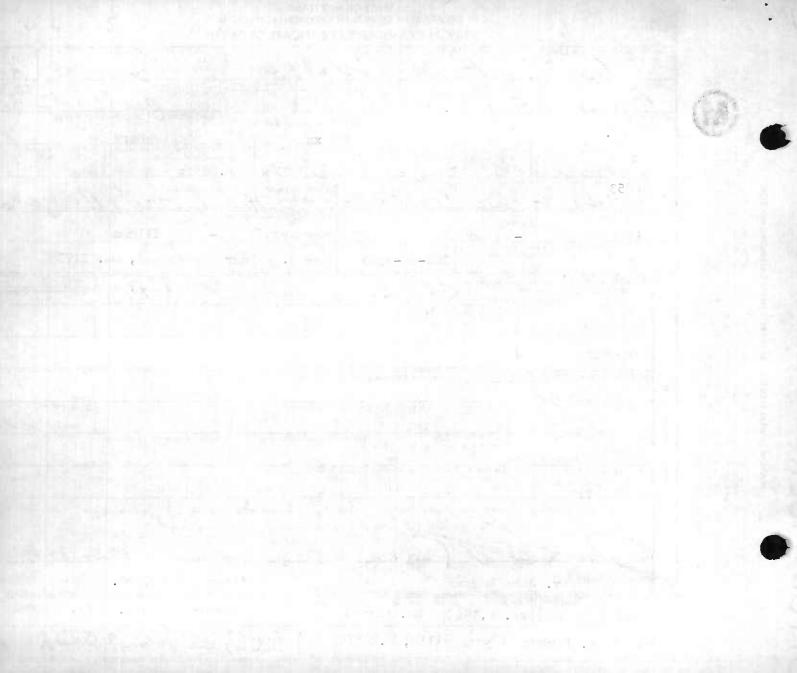
CERTIFICATE OF DEATH

REG. NO

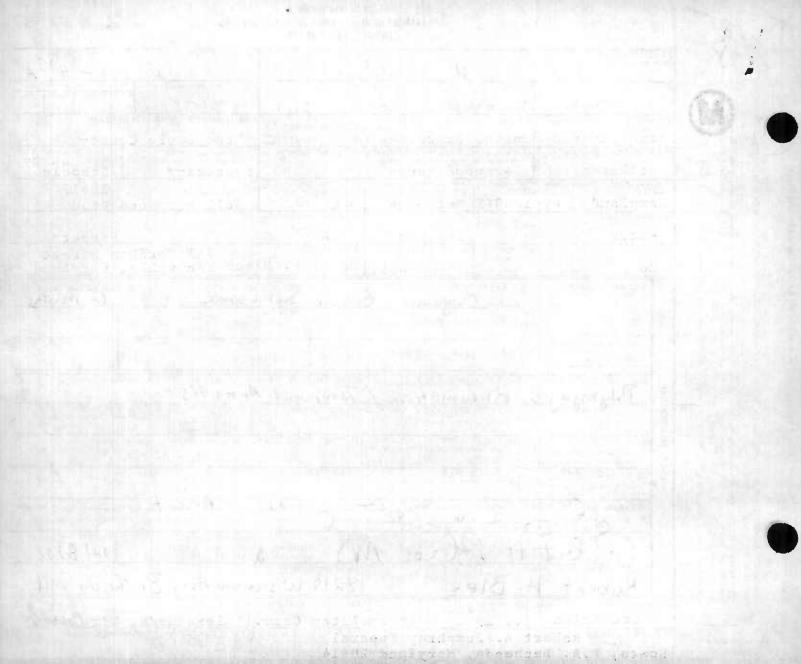
26 HOUR



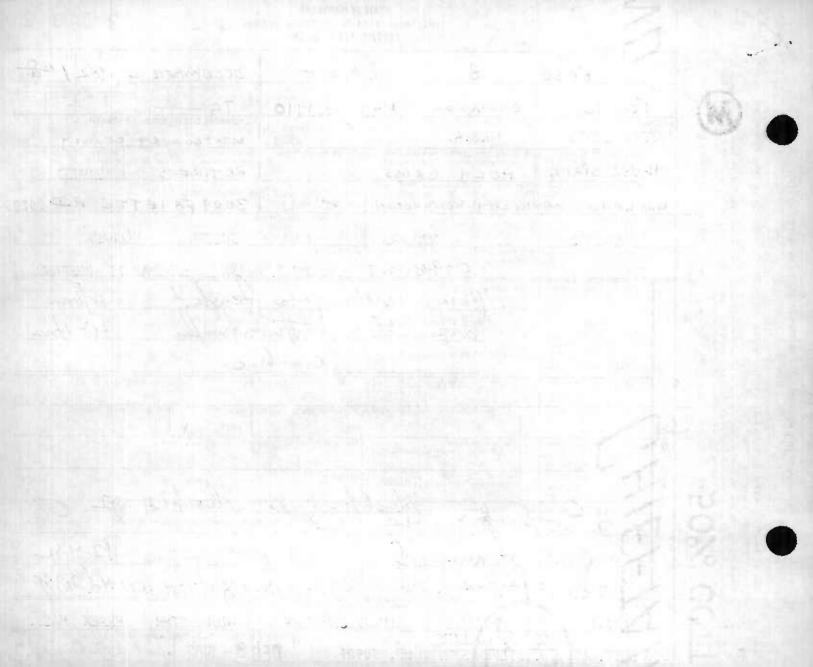
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME WILMA H'RHIDA HODE 20. DATE KNOWN TO MONTH CTYPE OF PRINTS DEATH MATED AGE (IN YEARS DATE OF BIRTH IF UNDER 1 YR. DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Penn. USA WIDOWED DIVORCED Montgomery IE CITY OF TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 1126. KIND OF BUSINESS 12a USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY H. Wife Home Illa ST 20853 13b. COUNTY 14. FATHER'S NAME MIDDLE LAST Illman Margaret Brant 7. INFORMANT III. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (IF YES, GIVE WAR OR DATES) Glenwood, Md. 21738 202-24-4943 Zane G. Walker no 18 CAUSE OF DEATH (Enter only one couse per line for 10, (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE AT WORK COUNTY Inspection 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion TER DEATH, WITH THE LIMORE, MARYLAN Notural couses death resulted from: Accident Homicide Suicide Undetermined monner TITLE (SPECIFY) MEDICAL EXAMINER TYPE OR PRINT) Silver Spring, Md. PACE.
TO FUR
BATTER Dr. John Rogers **ADDRESS** Sumshine 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Mont . COUNTY Md . Dec.20,1982 Mt. Carmel Burial RP 750. DATE REC'D. BY REGISTRAR POREGISTRAR'S SIGNATURE OF COMMENTS. 24 FUNERAL DIRECTOR Francis H. Barber Laytonsville, Md. 20879 **DHMH - 17** (VR A15 ME (5)) 20M 4/82



.10	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 2 3	2 8 0 4
oy to	(TYP)	CEASED NAME FIRST	MIDDLE H.	Walsh	12-	8-82 430 AM
6 4 M	3. SE	Female	Caucasian	5. DATE OF BIRTH MONTH DAY May 8, 1904	18 YRS.	IF UNDER 1 YEAR OF UNDER 24 HRS
deoth. Po	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? United States	MARRIED WEVER MARRIED	Montgomery C	
by the to	10. C	Bethesda	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET FET NWOOD HOU	NG HOME OR OTHER INSTITUTION ADDRESS) S &	12d. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE  Secretary	126. KIND OF BUSINESS OR
filled mould be now the second beautiful to the second	13a.	STATE 136. COL	or other institution, give residence before JNTY 13c. CITY OR TOWN Bethes	/N 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 6611 Marywoo	20817 d Road
completely 1 and 2 sh	1	ATHER'S NAME Peter	MIDDLE LAST Huggle	15. MOTHER'S MAIDEN NA FIRST  Mary	ME MIDDLE .	Parrett
e exec	1	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (11F YES, C		JRITY NO. 17. INFORMANT	711 Fordh lack Rockville	am Street , Maryland
: deoth certificate be cottending physician nave corbon papers. Pation, ar remaval. Troumatic event, the m		PART I. DEATH WAS CAUS	only one cause per line for (a), (b), or SED BY.  ATE CAUSE (a) Organi  DUE TO, OR AS A CONSEQU	c Brain Syn	dome	APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH  (O MONTHS
ires that the gned by the on please rer burial, crem	z	gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	ENCE OF  DEATH BUT NOT RELATED TO THE TERM		EN IN PART 1(0)
The law requicion.  te has been sing permit. The spice prior to shows any inju	CERTIFICATION	190. DATE OPOPERMION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NOXX YES	, WERE FINDINGS USED YING CAUSES OF DEATH? S \( \text{NO} \( \text{D} \)
SKIAN: ng phys certifico riol-froi entol H)	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2}
NDING PHY sl ar attendis R: After this use as the bu use os the bu is marked ar	MED	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJURY LATHOME STREET, FACTORY OFFICE.		CITY OR TOWN	COUNTY STATE
Pitc 110 121 21			pital) attended the deceased from 19 19 19	82, and that in (my) (aur) opinion	death occurred an the date and hour	19, that (I) (we) last r and from the causes stated
TAL OR A y the has RAL DIREC detached detached tote Dept.		226 SIGNATURE JUST	H Ble	DEGREE ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	12/8/82
TO HOSPITAL ( retained by the TTO FUNERAL I should be deto with the Stote I MPORTANT: If		Robert	H. Blee	8218 Wis	consin Ave, Be	thesda mel
BP		BURIAL, CREMATION, REMOVA Cremation	9, 1982 Me	Name of CEMETERY OR CREMATORY tropolitan Crem	23d. LOCATION CITY OR TO WITH Alexandraa	VigeBount
DHMH - 16 50M 4/B2 (VRA 15, 4)			rt A. Pumphrey ethesda, Maryl	T direct di	TE REC'D BY REGISTED 15%	SAC+ GENATURE



.15	1 -	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	2 8 0 5
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
y be		ROSE	В	WALSH	DECEMBER	4.1982 1 Faim
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
. (34)		Female	caucasian	MAY 13, 1910	72 - YRS.	
a Common		RTHPLACE   STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
G The The		SSACHUSETTS	ıu.s.A.	WIDOWED DIVORCED	MONTGOMERY	
With with		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
S of Held S	3	ILVER SPRING		220_	RETIRE D	HOMEMAKER
201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 es that the death certificate be executed within 24 hours of hed by the attending physician and campletely filled in by please remove carbompapers. Pages 1 and 2 should be file urial, cremotian, ar removal. v, or other traumatic event, the medical examiner must be no	USU 13a.	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS	
AND 2	M		MGOMBEY ICENSIA		3009 FAYE	TTE RAD 2089
rithir rithir 2 sh 2 sh	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	TAST
MAR whole ond		AGUSTUS		GERS MARY		MACHADA
RE, I		VAS DECEASED EVER IN U.S. AR			ADDRESS	
MORE e execu	,	YES, NO OR UNKNOWN) (IF YES GIV	5 79-03	-1307 JOSEPH J.	WALSH SAME A	S 13 HUSBAND
ALT ate b sicios pers. al. , the		18. CAUSE OF DEATH (Enter on	nly one cause per ly for (a), (b), a	and co	// //	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., 8 phy: npol		PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (0) Narayl	Carebrovania	Heisturt	48/How.
or respectively		4310	DUE TO, OR AS A CONSEQ	HENCLOO LA	1 1	1
death attention of traumo		Conditions, if any, which		while and onto	rentribular	48 Hom.
he o he o emo		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQ	HENCE OF /1-		
by the		underlying couse lost.	(c)	( Roman	igo	
RDS, 20 equires t a signed Then ple to burio injury, or	Z	PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TERM	AINMAL DISEASE OR CONDITION G	IVEN IN PART 110
	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		ES, WERE FINDINGS USED
TAL REC The lav icion. The has b ist perm rgiene pi shows a	E				_ ~//	TIFYING CAUSES OF DEATH? YES \( \bigcap  \text{NO} \( \bigcap \)
VITA N. Th N. Th Nysicio icote   icote   ronsit Hygie	1 1	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 1	
PHYSICIAN: ending physic this certifical the buriel-fron ad Amental Hy d or them 18:		OR CONTRIBUTING CAUSE OF DEA	ALIA .	DAY YEAR		
HYSIC HYSIC Burice burice I Men or Be	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 218. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION		COUNTY STATE
VISIG G PH offen offen s the l	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	ACITY OR TOWN	COUNTY STATE
		220 L cortify that (1) (this hours	attended the dyceosed frog	dechter 1082	" Reanh H	19 that III)(we) lost
ATTEND osspital a		saw the processed aims on	Same >		death occurred on the date and h	our and from the causes stated
		22h SIGNATURE	view the body after death.	DEGREE		22¢ DATE SIGNED
ral OR y the h (AL DIR) deteched one Deports if the		Berlin	Atomin 11	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-4-52
S e E P	1	THE BHYSICIAN NAME THE	and V	22e ADDRESS	1/1/	1/0,00
		BENT BMIN	HVRUNIN, PI	13720 t/A	ryKut litre, to	N. Md Soll
O of O of w		BURIAL, CREMATION, REMOVAL	236 DATE 236	NAME OF CEMETERY OR CREMATORY	23d VOCATION	COUNTY STATE
BP		RIDTAI	12/9/82	CALVARY CEMETERY	GLOUCESTER	ESSEX MASS.
DHMH - 16 50M 4/B2	24 F	UNERAL DIRECTOR FRANCT	IS J. COLLINS	25a. DA	TE REC'D. BY REGISTRAR 256. DEG	STRAR'S SIGNATURE
(VRA 15, 4)	50	O UNIV. BLVD W.	,SILVER SPRÎNG,	MD. 20901 DE	C8 - 1982 /s	and lawely



(VRA 15.4)

STATE OF MARYLAND

1952 11:002	e .oou	STOR HE SELECTION		39(2)	
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., speckyrom,	3507 Windsor E	-core vigrinal	0387-37-365	MA NA WAR	
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	, 103, 11, 11, 12, 13, 14, 14, 14, 14, 14, 14, 14, 14, 14, 14	gradenel is	V82 John, Inc.	1/5 1/2	Inlens

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN A MONTH (TYPE OR PRINT) HOPE WARD CAROL DEATH MATED 6. AGE (IN YEARS | IF UNDER 1 YR. 2c. DATE PRONOUNCED DEAD 12 MARRIED NEVER MARRIED Wash D. C. USA WIDOWED [ DIVORCED MONTGOMERY 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY BETHESDA Consultant Travel SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20852 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME MIDDLE MIDDLE Ledger Miller Cecil George IYES NO OR UNKNOWN 578 46 5245 Ralph S. Ward same as 13e APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY CIMMEDIATE CAUSE (O) INCREASED INTRACRANIAL DUE TO, OR AS A CONSEQUENCE OF MULTIPLE TRAUMA Conditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID E DEPARTMENT OF HEA 190. DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES A NO 21a EXTERNAL CAUSEWAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR AM. MONTH DAY YEAR OR UNDERLYING AUTO CONTRIBUTING CAUSE OF DEATH 211 LOCATION AT WORK AT WHILE EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDER TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET 220. I certify that I took charge of the remains described above, held on Suicide Homicide Undetermined monner EXAMINER'S NAME 23d LOCATION 230 BURIAL CREMATION, REMOVAL 236. DATE Rockville, Maryland Burial 1/3/83 Parklawn Memorial Park 14. FUNERAL DIRECTYSON Wheeler Funeral Home, Inc. 1331 Rockville Pike Rockville, Md. 20852 **DHMH - 17** (VR A15 ME (5))

20M 4/B2

F		1	FOR - STATE REGISTRAR			DEPARTI	MENT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	HENE 8 2	3	2 8	0 8
,	2 (M)			EST EN	ENEST C	. CALVIN	)ATA	FATKINS  SINS  DE BIRTH	20. DATE OF DEATH	2 / 15/	82	26 HOUR 2240 M
	4 90 4		MALE	<b>1</b> 271-	WHITE		AUG.		55	YRS.	_	HOURS MIN.
	St. Bear	M	IRTHPLACE (STATE OR COUNTRY) aryland		76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	MONT G			MD
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IMORE	on and c		VAS DECEASED EVER YES NO OR UNKNOWN] NO		MED FORCES?	218-20-		Virginia M.	Watkins S		#13	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	es that the death certific ned by the attending phy please remove carbanga urial, cremation, ar remov r, or ather traumatic even		PART I. DEATH W  1509 Conditions, if ony, gove rise to imm couse (o), stotim underlying cause  PART 2 OTHER SIGN	which mediate ig the lost.	DUE TO, O	PAS A CONSEQUE	NCE OF	La chefia La chefia Le chague NOT RELATED TO THE TERM	molest molest	Triccia	3	MALE INTERVAL ONSET AND DEATH
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BP. DHMH - 16 50M 1/81 (VRA 15, 4) 230. BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR FRANCIS H. BARBER LAYTONSVIETE, MD. 20879

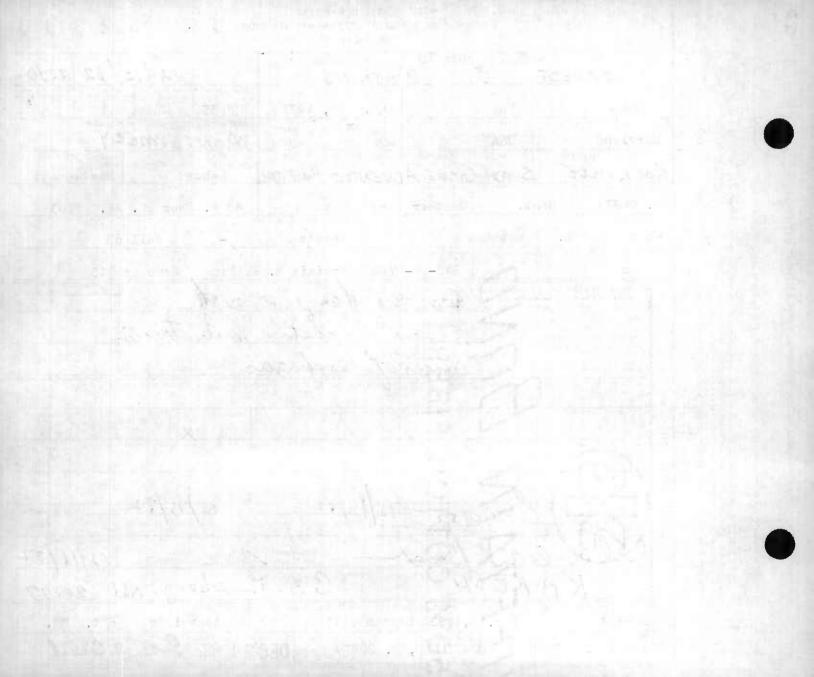
Dec.18,1982

23b. DATE

Laytonsville Mont. Md. STATE

23c. NAME OF CEMETERY OR CREMATORY

Laytonsville



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REGISTRAR I. DECEASED NAME

Gladys

4. RACE

STATE OF MARYLAND

LAST

5. DATE OF BIRTH

MONTH

MIDDLE

Virginia

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH

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DHMH - 16 50M 4/B2 (VRA 15, 4)

MPORTANT: If Irem 21 is

12/14/82 Cremation 74 FUNERALDIRECTOR Jos. Gawler's Sons, Inc.
5130 Wisconsin Avenue, N.W.-Washington, D.C.

230. WIRIAL, CREMATION, REMOVAL

230 NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

23d LOCATION

Suitland, Maryland 250 DATE REC'D BY REGISTRAR 251 HE STRAR'S SIGNATURE LEGISLATION OF THE STRANGE 
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Jonesh U. Lallace, M.D. 5272 Miver cond, Metherds, Md. 20816

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Sign isconcia value, ...- sacapto, ...

FOR

REGISTRAR

- STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c DATE SIGNED 14088 S DEC 8 1982 8605 Georgia DHMH - 16 50M 1/81 DEC (VRA 15, 4) hambens Co Silver Spring

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWN P (TYPE OR PRINT) OF ESTI-DEATH MATED 1915 M DATE OF BIRTH 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 1915 82 18 DEAD 52YRS 76 CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY United States New York 2, AND 3 TO THE FLY 3. RETAIN PAGE 5 R. 2 SHOULD BE FILED, W. F. 2 SHOULD BE FILED, W. F. 301 W. MO NI WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Electrical Engineer OR INDUSTRY IBM Rockville 13e SIREET ADDRESS 518 Mannakee Street 13a STATE 136. COUNTY Rockville 13d. INSIDE CITY LIMITS? Maryland Montgomery ONTAL 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST William Wichtendahl Kilian PAGES 1 AND Gertrude 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS DIVISION 133-22-1524 Mary Wichtendahl, Wife, Same as #13 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: myo condial IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUF NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BUI 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 7 IC. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (ATHOME. 21E LOCATION 214 INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC 1 CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held on Inspection and in my opinion Homicide death resulted from: TITLE (SPECIFY ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 8218 WIS CONSIN TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Dec. Cremation Metropolitan Crematory 9, 1982 Alexandria BP 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral Homes 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Rockville, Maryland P.A. . (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND

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DIVI  TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOUD BE FORWARDED TO FUNERAL DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P	EXAMI (TYPE C	NER'S NAME ME	argarita A.	Korell, M.D.	ADDRESS_111 Pe	enn St.,Balto.,Md	. 21201
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BP		Burial	Dec. 15, 19	82 Mt. Le		Damascus, Monte	gomery, Md.
DHMH - 17	24 FUNERAL		ADDRES	5	250. DATE RE	C'D. BY REGISTRAR 126 REGISTRAF	R'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST Helen MIDDLEKatherine 2a. DATE OF DEATH 7h HOUR THRE CHERENT 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 78. BIRTHPLACE LISTATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED Montgomery WIDOWED DIVORCED [ 11. NAME OF HOSPITAL, NURSING HOME OR OTHER WITHTION IN CITY OR TOWN OF DEATH 12a, USUAL OCCUPATION 126 KIND OF BUSINESS OR FULL PROT IN SUCH FACILITY GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Silver Spring Homemaker At Home USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, 136, STATE / 136, COUNTY GIVE RESIDENCE BEFORE ADMISSION 134 CITY OR TOWN 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Montgomery YES TX NO [ 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Kunikunda Wunderlich Hiser Paul 17. INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Carroll Williams, Same address as # 13. 840654 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and och PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV NO I YES 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 211. LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from. sow the decase alive on above, (1) well (did not) view the body after death and that in (my (lour) opinion death accurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 220 DATE SIGNED MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE Arlington National Cen. Arlington. Virginia Burial

DHMH - 16 50M 4/82 (VRA 15, 4) 24. FUNERAL DIRECTOR Joseph Gawler's Sons, Inc.

5130 Wisconsin Ave, NW, Washington, D.C. 20016

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Robert Wilson 4 RACE 3. SEX 2d HOUR IF UNDER 24 HR DATE LAST BIRTHDAY PRONOUNCED Male 23,19 1134 1468 YRS Cauc. April DEAD 76. CITIZEN OF WHAT COUNTRY a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED Maryland United States DIVORCED County Montgomery 3. RETAIN PAGE SHOULD BE FILED AL RECORDS, 201 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS A 505 MISSOTWOPHNELIFE Bethesda Suburban Hospital Wash.Gas Vice-President USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE 13d INSIDE CITY-(MITS? MD FTHESBA MION TGOINGT Avenue T. PAGES 1 AND 2 SI DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Н. Mallisa Charles Wilson Lawrence 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS ( IF YES, GIVE WAR OR DATES) 577-07-7373 Anne M. Wilson, same as Yes WW CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) TO MEDICAL EXAMINER: THIS CERTIFICATE SPACELLY OF CALLEY IN 11EM 18. SECURE THOUGHER, WRITING THE WORD "PENDING" IN PROCINE IN 11EM 18. PAGE 4 STHOUGHER FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY OCARDIAL IMMEDIATE CAUSE (a Canditians, if any, which ARTERIOSCUEROS AS gave rise to immediate cause (a) stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 10 THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19g. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO [ 218 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2 HOUR A.M. MONTH DAY LOR UNDERLYING COLLAPSED CONTRIBUTING CAUSE OF DEATH 211. LOCATION TIE PLACE OF INJURY (AT HOME NOT WHILE AT WORK AT WORK 22a I certify that I taak charge of the remains described above, held on and in my opinion Suicide Undetermined manner EXAMINER'S NAME 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY Dec. Buria1 Heaven Silver Spring, Gate of Cem. Marvland 24. FUNERAL DIRECTOR Robert A. Roumphrey Funeral 25a. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) P.A. Bethesda, Maryland 20814 15M 2/B0

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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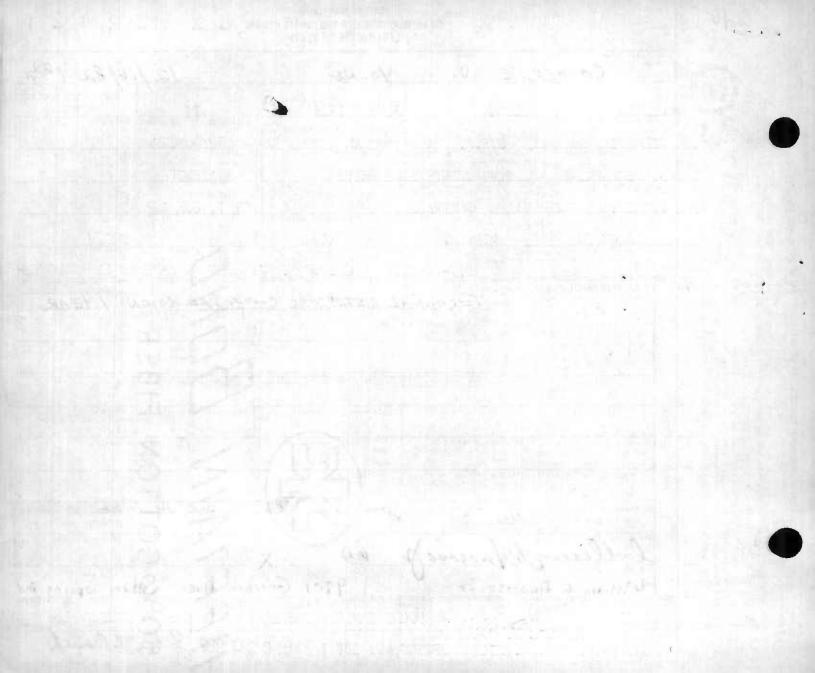
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220.1 certify that (I) (this haspital) attended the deceased from	, 17, (fid1 (f) (we) (d3)
above, (I) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING  MEDICAL  STAFF PHYSICIAN  DIRECTOR   PHYSICIAN	22¢ DATE SIGNED
William L Amoroso Jr 9801 Georgia Ave	Silver Spring And
230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 230 LOCATION SKIPPERS	

DHMH - 16 50M 1/B1 (VRA 15, 4) BURTAL Dec. 19. 1982 YOUNG FAMILY (
24 FUNERAL DIRECTOR FRANCIS J. COLLINS
500 UNIV.BLVD., W., SILVER SPRING, MD. 20901

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160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS  175 NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)  180 CAUSE OF DEATH LEnter only one couse par from for to), (br, and a part 1. DEATH WAS CAUSED BY:  181 CAUSE OF DEATH LEnter only one couse par from for to), (br, and a part 1. DEATH WAS CAUSED BY:  182 CAUSE OF DEATH LENter only one couse par from for to), (br, and a part 1. DEATH WAS CAUSED BY:  184 CAUSE OF DEATH LENter only one couse par from for to), (br, and a part 1. DEATH WAS CAUSED BY:  185 CAUSE OF DEATH LENter only one couse par from for to), (br, and a part 1. DEATH WAS CAUSED BY:  185 CAUSE OF DEATH WAS CAUSED BY:  186 WAS DECEASED EVER IN U.S. ARMED AS 13 SON  187 CAUSE OF DEATH LENter only one couse par from for to), (br, and a part 1. DEATH WAS CAUSED BY:  188 CAUSE OF DEATH WAS CAUSED BY:  189 CAUSE OF DEATH LENter only one couse par from for to), (br, and a part 1. DEATH WAS CAUSED BY:  180 CAUSE OF DEATH WAS CAUSED BY:  180 CAUSE OF DEATH WAS UNDITIED.  180 CAUSE OF DEATH WAS UNDITIED.  180 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  180 CAUSE OF DEATH WAS UNDITIED.  181 CAUSE OF DEATH WAS UNDITIED.  182 CAUSE OF DEATH WAS UNDITIED.  183 CAUSE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.  184 CAUSE OF DEATH WAS UNDITIED.  185 CAUSE OF DEATH WAS UNDITIED.  185 CAUSE OF DEATH WAS UNDITIED.  185 CAUSE OF DEATH WAS UNDITIED.  186 CAUSE OF DEATH WAS UNDITIED.  187 CAUSE OF DEATH WAS UNDITIED.  186 CAUSE OF DEATH WAS UNDITIED.  187 CAUSE OF DEATH WAS UNDITIED.  188 CAUSE OF DEATH WAS UNDITIED.  188 CAUSE OF DEATH WAS UNDITIED.  189 CAUSE OF DEATH WAS UNDITIED.  180 CAUSE OF DEATH WA	166 WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO.   17 INFORMANT   ADDRESS   175 - 38 - 66 56   MICHAEL 7 FTT LER   SAME AS 13   SON   18 CAUSE OF DEATH LEnter only one couse part of for 10 i, 16 i, and   ADDRESS   18 CAUSE OF DEATH LEnter only one couse part of for 10 i, 16 i, and   ADDRESS   18 CAUSE OF DEATH LENTER OF SAME AS 13   SON   ADDRESS   18 CAUSE OF DEATH LENTER OF SAME AS 13   SON   ADDRESS   ADDRE	2 shauld be filed	130.5	AL RESIDENCE LI NURSING HOME STATE 136 COL	mont Sil	PR TOWN 13d INSIDE CITY LIVER SPECIFIC NO. 15. MOTHER'S MAIL	DEN NAME	ne Pl 2091	
18 CAUSE OF DEATH LENter only one couse par for for for, (bf, ond us)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO REAL COUNTY OF THE PROPERTY OF THE PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO REAL COUNTY OF THE PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO REAL COUNTY OF THE PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO REAL COUNTY OF THE PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO REAL COUNTY OF THE PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (c)  DUE TO REAL COUNTY OF THE PART I. DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.D.  PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  THE ACCIDENT WAS UNDURING CAUSES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GRAVES OF DEATH  THE ACCIDENT WAS UNDURING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE	18 CAUSE OF DEATH (Enter only one couse party for to), (bf., and part) and party could an expect the part) and party could an expect the part of the p			DANTEL VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL	'BRIEN	NORA	41.47	
TOTAL TOTAL CONTRACTOR OF STATE AND AMERICAN MONTH DAT TEAK	TO BE CONTRIBUTING CAUSE OF GIATH  IF SITHER, NOTITY INDICAL EXAMPLES   P.M. 19  21d. INJURY OCCURRED   P.M. 19  21d. INJURY O	Then proposed to be proposed injury,	ATION	couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT	(CONDITIONS CONTRIBUTION		20a AUTOPSY? 20h IF YE	S. WERE FINDINGS USED	
	The first of the property of t	nsit per rgiene shaws		TIE. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING. CAUSE OF O	ZIS TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	YES NOW Y	FYING CAUSES OF DEATHY	
220 ADDRESS 2309 SHOREFIELD REPORT OF THE PROPERTY OF CREMATORY STLVER SPRING COUNTY MONT STATE		50M 4/82 5, 4)	24. F	UNERAL DIRECTOR FRANC	CIS J. COLLINS VD., W, SILVER S	PRING, MD. 20901	250. DATE REC'D. BY REGISTRAR 250 REGIS		

